

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010763

**Entity Name:** F.O.E. UMATILLA AUXILIARY #4491, INC.

**Current Principal Place of Business:**

911 N CENTRAL AVE  
UMATILLA, FL 32784

**Current Mailing Address:**

PO BOX 1044  
UMATILLA, FL 32784

**FEI Number: 26-3600475**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BARBARA , TUSING  
6919C PLYMOUTH SORRENTO ROAD  
APOPKA, FL 32712 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: BARBARA TUSING**

**02/12/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KLEVEN, LEANNE  
Address 19440 EAST 5TH STREET  
City-State-Zip: UMATILLA FL 32784

Title PD  
Name SANDS, CATHERINE  
Address 16915 LAKEVIEW AVENUE  
City-State-Zip: UMATILLA FL 32784

Title VP  
Name SELLERS, MELINDA  
Address 3001 JAVENS CIRCLE  
41  
City-State-Zip: EUSTIS FL 32757

Title SECRETARY  
Name TUSING, BARBARA  
Address 6919C PLYMOUTH SORRENTO ROAD  
City-State-Zip: APOPKA FL 32712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BARBARA TUSING**

**MADAM SECRETARY**

**02/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date