

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007985

Entity Name: FRATERNAL ORDER OF EAGLES AUXILIARY #4242, INC.**Current Principal Place of Business:**132 WEST PARK AVENUE
SUITE 14
EDGEWATER, FL 32132**Current Mailing Address:**132 WEST PARK AVENUE
SUITE 14
EDGEWATER, FL 32132**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAMBERT, WILLIAM N
2102 SOUTH RIDGEWOOD AVENUE
SUITE 7
EDGEWATER, FL 32141 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ALLEY, DONNA M.
Address	928 LAKE AVENUE
City-State-Zip:	EDGEWATER FL 32132

Title	PAST MADAM PRESIDENT
Name	DURGIN, BLANCHE E.
Address	187 RANDALL AVENUE
City-State-Zip:	OAK HILL FL 32759

Title	SECRETARY
Name	BICE, PATRICIA B
Address	1232 UMBRELLA TREE DRIVE
City-State-Zip:	EDGEWATER FL 32132

Title	TREASURER
Name	GARY, ROSE A
Address	2310 WOODLAND DRIVE
City-State-Zip:	EDGEWATER FL 32141

Title	TRUSTEE
Name	SMITH, TES
Address	3231 VICTORY PALM DRIVE
City-State-Zip:	EDGEWATER FL 32141

Title	TRUSTEE
Name	BELLEGUE, ELIZABETH M
Address	2293 SOUTH GLENCOE ROAD
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	VP
Name	BICE, SUE E
Address	20 BLUE HERON DRIVE
City-State-Zip:	EDGEWATER FL 32141

Title	CHAPLAIN
Name	OPP, MARTINA C
Address	302 SOUTH RIDGEWOOD AVENUE LOT 19
City-State-Zip:	EDGEWATER FL 32132

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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: PATRICIA B. BICE**SECRETARY****05/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CONDUCTOR
Name SILVESTRO, JULIE J
Address 28 SUNRISE AVENUE
City-State-Zip: ORMOND BEACH FL 32176

Title OUTSIDE GUARD
Name BLANCHARD, KATHLEEN M
Address 1260 ROBERTA LANE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title INSIDE GUARD
Name LEWIS, STARLA A
Address 1809 INDIA PALM DRIVE
City-State-Zip: EDGEWATER FL 32141