

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009921

**Entity Name:** FRATERNAL ORDER OF EAGLES ST. AUGUSTINE AUXILIARY #4256 INC.

**FILED**  
**May 20, 2013**  
**Secretary of State**  
**CC2609394630**

**Current Principal Place of Business:**

13 SO. DIXIE HIGHWAY  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

POST OFFICE BOX 5428  
ST. AUGUSTINE, FL 32085

**FEI Number: 91-1799556**

**Certificate of Status Desired: No**

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

KELLY, BARBARA  
1412 CENTURY CIRCLE  
ST. AUGUSTINE, FL 32084 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 PD  
Name FRANZEN, TRISH  
Address 3501-B PONCE DE LEON BLVD. #144  
City-State-Zip: ST. AUGUSTINE FL 32084

Title SD  
Name KELLY, BARBARA  
Address 1412 CENTURY CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32084

Title TD  
Name RICH, LAGAE  
Address 6545 PINE CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32095

*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 KELLY

TREASURE

05/20/2013

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date