

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004565

**Entity Name:** FRATERNAL ORDER OF EAGLES 4219 AUXILIARY INC.

**Current Principal Place of Business:**

2800 N MILITARY TRAIL, SUITE 105  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

2800 N MILITARY TRAIL, SUITE 105  
WEST PALM BEACH, FL 33409

**FEI Number:** 90-0738422

**Certificate of Status Desired:** No

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

MACDONALD, MICHAEL D  
2247 PALM BEACH LAKES BLVD, SUITE 201  
WEST PALM BEACH, FL 33409 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 S  
Name CROCKER, PATRICIA  
Address 1671 MANOR DR  
City-State-Zip: WEST PALM BEACH FL 33409

Title TRUSTEE  
Name SANDERS, JOANNE  
Address 100 THEO WAY  
City-State-Zip: WEST PALM BEACH FL 33409

Title TREASURER  
Name ANDERSON, MELANIE  
Address 4500 PORTOFINO WAY APT 102  
City-State-Zip: WEST PALM BEACH FL 33409

*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 CROCKER

**SECRETARY**

**02/09/2016**

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

\_\_\_\_\_  
Date