

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90002 034 ****61.25

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1. Entity Name

FRATERNAL ORDER OF EAGLES AUXILIARY 4435, INC.



Principal Place of Business

1542-44 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

Mailing Address

P.O. BOX 163
ORMOND BEACH FL 32175

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GANNETT, ROLLENE
140 RAY MAR DR.
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE S
NAME GANNETT, ROLLENE ☐ Delete
STREET ADDRESS 140 RAY MAR DR.
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE P
NAME WARING, PATRICIA ☒ Delete
STREET ADDRESS 756 OCEAN SHORE BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE V
NAME STATON, BRENDA ☐ Delete
STREET ADDRESS 2581 JOHN ANDERSON DR.
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

P BRENDA M. STATON ☒ Change ☐ Addition
15 JULIE DR.
ORMOND BEACH, FL 32176

V DONNA WILLIAMSON ☐ Change ☒ Addition
61 CAPISTRANO DR.
ORMOND BEACH, FL 32176

T ELIZABETH STONER ☐ Change ☒ Addition
2294 OCEAN SHORE BLVD #204
ORMOND BEACH, FL 32176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rollene Gannett

ROLLENE GANNETT 6/10/05 (386) 441-80658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #