2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000008450



FILED Jan 22, 2007 8:00 am Secretary of State 01-22-2007 90078 036 ****61.25

FRATERI	NAL ORDER OF EAGLES A	UXILIARY 4435, INC	C. (8)						
	e of Business EAN SHORE BLVD ACH, FL 32176	Mailing Address P.O. BOX 163 ORMOND BEACH, FL 3	2175			8388 1848 68 711 88 71 88 7	ilk gr iilk gr iffe k e kki i	1/201	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052007	Chg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number NOT APF	LICABLE			plied For t Applicable
Zip	Country	Zip	Country		5. Certificate o	Status Desired		8.75 Addi e Required	
	6. Name and Address of Current F	Registered Agent			7. Name and A	Address of New R	Registered Ag	ent	
CANIMETT	DOLLENE !!		∫ Na	ame					
140 RAY N	, ROLLENE **** MAR DR. BEACH, FL 32176		St	reet Address (F	P.O. Box Number	is Not Acceptable	e)		
•			Ci	ity			FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered of	fice or registere	ed agent, or both	, in the State of Fk	orida. Fam fan	niliar with, a	and accept
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•	• 4.								- 1
SIGNATURE	Signature, typed or printed fame of registered agent a	and title if applicable. (NOTI	E: Registered Ager	mt eignature required	when reinstating)	, ,	DATE		
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund C	npaign Finan	cing _	\$5.00 May Be Added to Fees		DATE lake check p rida Departm		
	Filing Fee is \$61.25	9. Election Car Trust Fund C	npaign Finan	cing	\$5.00 May Be Added to Fees		take check p rida Departm	ent of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Rollen Hannett

SIGNATURE AND TYPED OR PRINTED MANIE OF SIGNING OFFICER OR DIRECTOR