

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005052

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** FRATERNAL ORDER OF EAGLES AUXILIARY #4526, INC.

**Current Principal Place of Business:**

2955 ENTERPRISE ROAD  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 530565  
DEBARY, FL 32753

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LLOYD, MARY E  
2955 ENTERPRISE ROAD  
DEBARY, FL 32713 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RECKERT, JUNE  
Address: 2955 ENTERPRISE ROAD  
City-St-Zip: DEBARY, FL 32713

Title: V  
Name: REYNOLDS, CARRIE  
Address: 2955 ENTERPRISE ROAD  
City-St-Zip: DEBARY, FL 32713

Title: PMP  
Name: ANNIS, DANIELLE  
Address: 2955 ENTERPRISE ROAD  
City-St-Zip: DEBARY, FL 32713

Title: S  
Name: LLOYD, MARY  
Address: 2955 ENTERPRISE ROAD  
City-St-Zip: DEBARY, FL 32713

Title: T  
Name: FRANK, GRACE  
Address: 2955 ENTERPRISE ROAD  
City-St-Zip: DEBARY, FL 32713

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: JUNE M. RECKERT

P

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date