

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11 1997 8:00am
Secretary of State

DOCUMENT # N12643 (5)

1. Corporation Name

FRATERNAL ORDER OF EAGLES LADIES AUXILIARY 4013
INC.

Principal Place of Business

Mailing Address

13360 66TH ST N
SUITE D
LARGO FL 34643
US

13360 66TH ST N
SUITE D
LARGO FL 34643
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1985

3a. Date of Last Report
05/29/1996

4. FEI Number
52-1266941

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 13308 66th ST N

2a. Mailing Address

26 13308 66th ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Largo, FL

City & State

28 Largo, FL

Zip

24 33773

Country

25 USA

Zip

29 33773

Country

30 USA

9. Name and Address of Current Registered Agent

BATES, EVELYN
2970 WEBLEY DR.
LARGO FL 34644
33771

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Evelyn Bates

Evelyn Bates

8-05-1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WATSON, CATHY
STREET ADDRESS 12100 SEMINOLE BEND
CITY-ST-ZIP LARGO FL

TITLE PD
NAME STUMM, PAT
STREET ADDRESS 2504 IMPERIAL PALM DR
CITY-ST-ZIP LARGO FL

TITLE VPD
NAME STEENBERG, CONNIE
STREET ADDRESS 10934 109 AVE. N
CITY-ST-ZIP LARGO FL 34648

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME STUMM, PAT
1.3 STREET ADDRESS 2504 IMPERIAL PALM DR.
1.4 CITY-ST-ZIP Largo, FL. 33771

2.1 TITLE P.D.
2.2 NAME Winnie Walter
2.3 STREET ADDRESS 415 3rd Ave N
2.4 CITY-ST-ZIP Safety Harbor, FL. 34695

3.1 TITLE VPD
3.2 NAME Mary Marr
3.3 STREET ADDRESS 10208 122nd AVE N APT# 3754
3.4 CITY-ST-ZIP Largo, FL 33773

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

8-5-97 815-531-7255

CR2E037 (4/97)