

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N12643 (5)
1. Corporation Name
FRATERNAL ORDER OF EAGLES LADIES AUXILIARY 4013 INC.

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|---|---|
| Principal Place of Business 13308 66TH ST N SUITE D LARGO FL 33773 US | Mailing Address 13308 66TH ST N SUITE D LARGO FL 33773 US |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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|--|---------------------------------------|---|--|
| 3. Date Incorporated or Qualified 12/19/1985 | 4. FEI Number 52-1266941 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent
**BATES, EVELYN
2070 WEBLEY DR.
LARGO FL 33771**

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| 10. Name and Address of New Registered Agent 81 Name Deborah PROVOST 82 Street Address (P.O. Box Number is Not Acceptable) 6425 80th AVE N 83 84 City Pinellas Park FL 85 Zip Code 33781 |
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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 **Deborah Provost (Secretary)** *Deborah Provost* DATE **4-20-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|------------------------------------|---------------------------------|
| TITLE | PD | |
| NAME | WALTER, WINNE | |
| STREET ADDRESS | 415 3RD AVE N | |
| CITY - ST - ZIP | SAFETY HARBOR FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STUMM, PAT | |
| STREET ADDRESS | 2504 IMPERIAL PALM DR | |
| CITY - ST - ZIP | LARGO FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | MARR, MARY | |
| STREET ADDRESS | 10200 122ND AVE N APT #3754 | |
| CITY - ST - ZIP | LARGO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---------------------------------|--|-----------------------------------|
| 1.1 TITLE | PD | | |
| 1.2 NAME | BABARA SCHULZ | | |
| 1.3 STREET ADDRESS | 12136 80th AVE N | | |
| 1.4 CITY - ST - ZIP | Seminole, FL. 33772-4511 | | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | WINNIE WALTER | | |
| 2.3 STREET ADDRESS | 415 3rd Ave N | | |
| 2.4 CITY - ST - ZIP | SAFETY HARBOR, FL. | | |
| 3.1 TITLE | VPD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | CAROL HEIKKILA | | |
| 3.3 STREET ADDRESS | 14674 63rd Way N | | |
| 3.4 CITY - ST - ZIP | CLEARWATER, FL. 33760 | | |
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY - ST - ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY - ST - ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY - ST - ZIP | | | |

14. 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 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: *Winnie J Walter* **Winnie J Walter** DT-799-9057 4-22-98

CR2E037 (10/97)