

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2005 8:00 am
Secretary of State

03-28-2005 90068 039 ****61.25

DOCUMENT # N12643 1. Entity Name FRATERNAL ORDER OF EAGLES LADIES AUXILLIARY 4013 INC.					
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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 52-1266941	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BROOME, MARIE 4000 24TH ST. N. #570 SAINT PETERSBURG, FL 33714				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 <u>Marie Broome MVP</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)				DATE 3-2-05	
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWELL, GRACE 8700 150TH AVE N CLEARWATER, FL 33764 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lowell, Grace 8700 150th Ave N # 917 Clearwater, FL 33764 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY, KIMBERLY 15478 60TH STREET N CLEARWATER, FL 33760 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jones, Deborah 8836 79th PL N Seminole, FL 33777 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOME, MARIE 4000 24TH ST. N #570 SAINT PETERSBURG, FL 33714 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Marie Broome MVP</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 5-14-05 Daytime Phone # 727-530-7955	

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