


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90031 007 ****61.25

DOCUMENT # N12643	
1. Entity Name FRATERNAL ORDER OF EAGLES LADIES AUXILIARY 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07092006 Chg-NP CR2E037 (4/06)

4. FEI Number 52-1266941		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROOME, MARIE <i>Delete</i> 4000 24TH ST. N. #570 SAINT PETERSBURG, FL 33714		Name Patricia N Cannon Street Address (P.O. Box Number is Not Acceptable) 15502 Cromwell Dr City Clearwater FL Zip Code 33764	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWELL, GRACE <input checked="" type="checkbox"/> Delete 6700 150TH AVE N #917 CLEARWATER, FL 33764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCanney, Joann <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7149 118th Terracen Largo, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DEBORAH <input checked="" type="checkbox"/> Delete 8836 79TH PL N SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judee Gozzard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3800 Gulf Blvd #111 Belleair Beach, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOME, MARIE <input checked="" type="checkbox"/> Delete 4000 24TH ST. N #570 SAINT PETERSBURG, FL 33714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dorothy Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4300 E. Bay Dr #310 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Cannon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15502 Cromwell Dr Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Patricia N Cannon* 7/15/06 727-464-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #