


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N12643 1. Entity 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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01092007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent CANNON, PATRICIA N 15502 CROMWELL DR. CLEARWATER, FL 33764

**DO NOT WRITE
IN THIS SPACE**

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 <i>Patricia N Cannon</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>Patricia N Cannon</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>1/18/07</i> <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000624024 02/14/07-80014-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCANNCY, JOANN 7149 118TH TERR. NORTRH LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, PATRICIA 15302 CROMWELL DR. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOZZARD, JUDEE 3100 GULF BLVD. #111 BELLEAIR BEACH, FL 33786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <i>Patricia N Cannon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1/18/07</i> <small>Date</small>	<i>727-530-7955</i> <small>Daytime Phone #</small>

Patricia N Cannon