

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N15000 (5)**

1. Corporation Name

**FRATERNAL ORDER OF EAGLES AUXILIARY, INC.**



Principal Place of Business

**4201 NE 36 AVENUE  
OCALA FL 34479**

Mailing Address

**4201 NE 36 AVENUE  
OCALA FL 34479**

3. Date Incorporated or Qualified  
**05/20/1986**

3a. Date of Last Report  
**08/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 **4201 NE 36 AVE**

26 **4201 NE 36 AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**OCALA FL**

**OCALA FL**

Zip

24 **34479**

Country

25 **USA**

Zip

29 **34479**

Country

30 **USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DARRAH, NANCY E  
531 NE 44 TER  
OCALA FL 34479**

10. Name and Address of New Registered Agent

81 Name **KAREN S. CHANDLER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1936 NE 7 STREET**  
83  
84 City **OCALA** FL 85 Zip Code **34470**

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 **KAREN S. CHANDLER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
KESSEL, PATRICIA**  
STREET ADDRESS **3701 SE 33 CT.**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ DELETE

NAME **VPD  
ADAMS, DORIS L**  
STREET ADDRESS **733 NE JAX RD.**  
CITY-ST-ZIP **OCALA FL 34479**

TITLE ☒ DELETE

NAME **SD  
DARRAH, NANCY E**  
STREET ADDRESS **531 NE 44 TER**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ DELETE

NAME **T  
KANNMACKER, ANN**  
STREET ADDRESS **3304 NE 27TH AVE**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **SD  
KAREN S. CHANDLER**  
3.3 STREET ADDRESS **1936 NE 7 STREET**  
3.4 CITY-ST-ZIP **OCALA, FL 34470**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **KAREN S. CHANDLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/96 352-351-4630**

Date

Daytime Phone #

CR2E037 (12/95)