

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90030 038 \*\*\*\*61.25

**DOCUMENT # N15000**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, KAREN  
3151 NE 56 AVE #102  
SILVER SPRINGS FL 34488

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

*KAREN CHANDLER*

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

(NOTE: Registered Agent signature required when reinstating)

1/27/04

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

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

TITLE PD  
NAME GRYZB, SHARON ☒ Delete  
STREET ADDRESS 910 SE 28 ST  
CITY-ST-ZIP Ocala FL 34471

TITLE SD  
NAME CHANDLER, KAREN ☐ Delete  
STREET ADDRESS 3151 NE 56 AVE, #102  
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE T  
NAME LUCAS, ROSE ☐ Delete  
STREET ADDRESS 1617 NE 19 AVE  
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Billie Jackson  
STREET ADDRESS P.O. Box 1350  
CITY-ST-ZIP Silver Springs, FL 34488

TITLE ☒ Change ☐ Addition  
NAME KAREN CHANDLER  
STREET ADDRESS 2839 NE 3 ST. #105  
CITY-ST-ZIP Ocala, FL 34470

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Karen Chandler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04

Date

352-629-8836

Daytime Phone #