


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

RE-INSTATE 1/4/02

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$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: <u>BILLIE H JACKSON</u> Street Address (P.O. Box Number is Not Acceptable): <u>3210 NE 15th Ave</u> <u>Ocala</u> City: <u>FL</u> Zip Code: <u>34479</u>		
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>Billie H Jackson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u>Billie H Jackson - SEC.</u> 7/14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$61.25 Due by September 7, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, BILLIE P.O. BOX 1350 SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEIDI FRANKLIN 5311 NE 22 Terrace OCALA, FL 34479 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANDLER, KAREN 2839 NE 3 ST. #105 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BILLIE H JACKSON 3210 NE 15th Ave OCALA, FL 34479 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCAS, ROSE 1617 NE 19 AVE OCALA, FL 34470 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <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	
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 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>Billie H Jackson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7/14/05</u> 352-620-8387 <small>Date Daytime Phone #</small>		

BILLIE H JACKSON



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Fraternal Order of Eagles #3656
4201 N.E. 36 Ave. Ocala, FL 34479
(352) 629-8836



March 14, 2006

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Fraternal Order of Eagles Auxilliary, Inc.
Document #N15000

To Whom It May Concern:

During our recent audit, it was determined that our check for the 2005 report filing fee, number #1321 in the amount of 61.25, had not cleared our account. We have placed a stop payment on the check and have enclosed replacement check #1373 in the amount of \$122.50 as payment for 2005 and 2006. As part of the audit, it was determined that several checks did not clear during the same time period that the above referenced check was mailed. It is believed that mail was taken from our mailbox. Therefore, we request that any late fees or penalties be waived.

Thank you for your attention to this matter. Please do not hesitate to contact me at 352-274-2388 with any questions you may have.

Sincerely,

Billie H. Jackson
Auxilliary Secretary

Cc: File