

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90055 030 \*\*\*\*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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHANDLER, KAREN  
1936 NE 7 STREET  
OCALA FL 34470**

Name

**KAREN CHANDLER**

Street Address (P.O. Box Number is Not Acceptable)

**3151 NE 56 AVE #102**

City

**SILVER SPRINGS**

**FL**

Zip Code

**34488**

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)

**1-7-03**

DATE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **TAYLOR, JOYCE**  
STREET ADDRESS **2351 NW 186 LANE**  
CITY-ST-ZIP **CITRA FL 32113**

TITLE **PD** ☐ Change ☐ Addition  
NAME **SHARON BRYZB**  
STREET ADDRESS **910 SE 28 ST**  
CITY-ST-ZIP **OCALA FL 34471**

TITLE **SD** ☐ Delete  
NAME **CHANDLER, KAREN**  
STREET ADDRESS **1936 N.E. 7 STREET**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE **SD** ☒ Change ☐ Addition  
NAME **KAREN CHANDLER**  
STREET ADDRESS **3151 NE 56 AVE #102**  
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **T** ☒ Delete  
NAME **KANNMACHER, ANN**  
STREET ADDRESS **3916 NE 22 LANE**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE **T** ☐ Change ☐ Addition  
NAME **ROSE LUCAS**  
STREET ADDRESS **1617 NE 19 AVE**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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**

**1-7-03**

CR2E037 (10/02)