

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

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90080 010 \*\*\*\*61.25

**DOCUMENT # N19879**

1. Entity Name

**OKEECHOBEE AUXILIARY 4137, FRATERNAL ORDER OF EAGLES, INC.**



Principal Place of Business

**9985 N HWY 441  
OKEECHOBEE FL 34972**

Mailing Address

**9985 N HWY 441  
OKEECHOBEE FL 34972**

2. Principal Place of Business

*AS ABOVE*

3. Mailing Address

*AS ABOVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2659205**

☒ Applied For

☐ Not Applicable

Zip

Country

*USA*

Zip

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THARPE, GENEVIEVE  
2289 NW 32ND DRIVE  
OKEECHOBEE FL 34972-8818**

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 *GENEVIEVE THARPE - Genevieve Tharpe*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2-4-03*

DATE

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

*CH + 1982*

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILTON, MITZI<br>3654 NW 163RD COURT<br>OKEECHOBEE FL 34972-8474    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>CROSS, OCTAVIA<br>445 NW 102 ST.<br>OKEECHOBEE FL 34972-7598       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>THARPE, GENEVIEVE<br>2289 NW 32ND DRIVE<br>OKEECHOBEE FL 34972-8818 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LLOYD, CAROLYN S<br>51 LAKE DR BHR<br>OKEECHOBEE FL 34974           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CROSS, OCTAVIA<br>445 NW 102 ST.<br>OKEECHOBEE, FL 34972-7598       | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MINCEY, JOWANA<br>33653 NW 21ST AVE<br>OKEECHOBEE, FL 34972        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>THARPE, GENEVIEVE<br>2289 NW 32ND DRIVE<br>OKEECHOBEE FL 34972-8818 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>HINDBAUGH, SANDRA<br>2700 NE 54 TRAIL<br>OKEECHOBEE FL 34972-8664   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *GENEVIEVE THARPE - Genevieve Tharpe* *Secretary* *2-4-03* *763-2552*

CR2E037 (10/02)