

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

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90043 042 ****61.25

DOCUMENT # N23261

1. Entity Name

**FRATERNAL ORDER OF EAGLES, LADIES AUXILIARY
#3752, INC.**



Principal Place of Business

**33710 SR 54 W
ZEPHYRHILLS FL 33543-9113
US**

Mailing Address

**P. O. BOX 1437
ZEPHYRHILLS FL 33539
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**GRISWOLD, NYLA
3812 CHRIS DR.
ZEPHYRHILLS FL 33543-9117**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

31-0915379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Nyla Griswold

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

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete
NAME **GRISWOLD, NYLA L**
STREET ADDRESS **3812 CHRIS DR.**
CITY - ST - ZIP **ZEPHYRHILLS FL 33543-9117**

TITLE **D** ☐ Delete
NAME **KUCHERICK, REBECCA**
STREET ADDRESS **5806 18TH STREET**
CITY - ST - ZIP **ZEPHYRHILLS FL 33540-443**

TITLE **D** ☒ Delete
NAME **SIMON, GAYLE**
STREET ADDRESS **P.O. BOX 362**
CITY - ST - ZIP **CRYSTAL SPRINGS FL 33524-0362**

TITLE **S** ☐ Delete
NAME **SAYER, SHIRLEY**
STREET ADDRESS **33853 TERRACE BLVD.**
CITY - ST - ZIP **ZEPHYRHILLS FL 33541-3814**

TITLE **D** ☐ Delete
NAME **BOWMAN, RITA K**
STREET ADDRESS **34445 COUNTRYSIDE DRIVE**
CITY - ST - ZIP **ZEPHYRHILLS FL 33543-5276**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **JOAN CARTER**
STREET ADDRESS **8105 CINDY LANE**
CITY - ST - ZIP **Zephyrhills, FL 33541**

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:

Nyla Griswold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04
Date

813-783-2017
Daytime Phone #