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

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90761 042 ****61.25

DOCUMENT # N23261

1. Entity Name

FRATERNAL ORDER OF EAGLES, LADIES AUXILIARY #375 2, INC.

700266709

Principal Place of Business	Mailing Address
33710 SR 54 W ZEPHYRHILLS FL 33543-9113 US	P. O. BOX 1437 ZEPHYRHILLS FL 33539 US

☑ CHECK HERE IF MAKING CHANGES

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 31-0915379 ☐ 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
GRISWOLD, NYLA 3812 CHRIS DR. ZEPHYRHILLS FL 33543-9117	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRISWOLD, NYLA L 34010 SE 54 W ZEPHYRHILLS FL 33543-9117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Nyla L. Griswold 3812 Chris DR Zephyrhills, Fl 33543-9117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUCHERICK, REBECCA 5806 18TH STREET ZEPHYRHILLS FL 33540-443	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMON, GAYLE P.O. BOX 362 CRYSTAL SPRINGS FL 33524-0362	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VONTOBEL, MARILYN 37648 MAY LANE ZEPHYRHILLS FL 33541-3814	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition D Shirley Sayer 38853 Terrace Blvd Zephyrhills, Fl 33543
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, RITA K 34445 COUNTRYSIDE DRIVE ZEPHYRHILLS FL 33543-5276	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 L. Griswold **SIGNATURE REQUIRED** Nyla L Griswold 1/20/03 813-783-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #