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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:08

DOCUMENT # N37268 (2)

1. Corporation Name
SEBASTIAN INLET EAGLES LADIES AUXILIARY 4067, IN C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1125 W. BAREFOOT CIRCLE~~ ~~BAREFOOT BAY FL 32976~~ 11630-081 SEBASTIAN, FL 32958	~~1125 W. BAREFOOT CIRCLE~~ ~~BAREFOOT BAY FL 32976~~ 11630-081 SEBASTIAN, FL 32958

3. Date Incorporated or Qualified: 03/20/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2911237 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RUSSELL KATHY
~~8136 106 AVE, VERO LAKE ESTATES~~
~~SEBASTIAN FL 32958~~
8816-102nd Ave
Vero Beach, FL 32968

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	SABOURIN KAY	1.2 NAME	
STREET ADDRESS	833 GARDENIA	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	KING, SARA	2.2 NAME	Elsie Boothe
STREET ADDRESS	8440 US #1 LOT	2.3 STREET ADDRESS	291 Christmas Ave S.E.
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	Palm Bay, FL 32909
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	MCCLUNG, JOYCE	3.2 NAME	Myrtle Holt
STREET ADDRESS	P.O. BOX 147 N/A	3.3 STREET ADDRESS	PO Box 226
CITY-ST-ZIP	WABASSO FL	3.4 CITY-ST-ZIP	Winter Beach, FL 32971
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL KATHY	4.2 NAME	
STREET ADDRESS	P.O. BOX 780211 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32978	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	WATERMAN, RUTH	5.2 NAME	
STREET ADDRESS	1125 W. BAREFOOT CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	BRUSSEL, DARLENE	6.2 NAME	
STREET ADDRESS	7615 131 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth E Waterman, Sec'y 1/26/95 407-664-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ruth E. WATERMAN, Sec'y

0037047