

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 006 ****61.25

DOCUMENT # N37268

Corporation Name

SEBASTIAN INLET EAGLES LADIES AUXILIARY 4067, IN
C.

1 2 3 4 5 6 7 8 9 10
* 6 1 3 8 6 8 8 *

Principal Place of Business

11630-U81 11632 US #1
SEBASTIAN FL 32958
JS

Mailing Address

11630-U81 11632 US #1
SEBASTIAN FL 32958
US



Principal Place of Business

2a. Mailing Address

SAME

3. Date Incorporated or Qualified

03/20/1990

Suite, Apt. #, etc.

11632 US #1

Suite, Apt. #, etc.

27

4. FEI Number

59-2911237

Applied For

Not Applicable

City & State

SEBASTIAN, FL

City & State

28

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip Country

32958 25 US

Zip Country

30

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOTHE, ELSIE
291 CHRISTMAS AVE SE
PALM BAY FL 32909

81

Name

KATHY BIGGERS

82

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

8816 103 AV.

83

City

VERO BEACH, FL.

84

City

FL

85

Zip Code

58963

I, pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kathy Biggers

(NOTE: Registered Agent signature required when reinstating)

DATE

9/1/99

2. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
FILE	HOFFMAN, DEBORA	13015 OLD DIXIE HWY	SEBASTIAN FL 32958	<input type="checkbox"/>
FILE	ANZ, PEGGY	9365 87TH AVE	VERO BEACH FL 32967	<input type="checkbox"/>
FILE	BOOTH, MADELINE	291 CHRISTMAS AVE. S.E.	PALM BAY FL	<input type="checkbox"/>
FILE	YOUNG, RUBY C.	209 MEANIE CR E	SEBASTIAN FL 32958	<input checked="" type="checkbox"/>
FILE	BOOTHE, ELSIE	291 CHRISTMAS AVE. S.E.	PALM BAY FL 32909	<input checked="" type="checkbox"/>
FILE	BRUSSEL, DARLENE	7615 131 ST.	SEBASTIAN FL 32958	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

4. 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 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, with all other like empowered.

SIGNATURE: Kathy Biggers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/99

CR2E037 (5/99)