

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N37268

1. Entity Name
**SEBASTIAN INLET EAGLES LADIES AUXILIARY 4067,
INC.**



Principal Place of Business
**9606 TRADE CENTER DR.
SEBASTIAN, FL 32958 US**

Mailing Address
**9606 TRADE CENTER DR.
SEBASTIAN, FL 32958 US**



07112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2911237

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASSITY, MARGARET J
449 DEL MONTE ROAD, APT A
SEBASTIAN, FL 32958**

**DO NOT WRITE
IN THIS SPACE**

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

Margaret J Cassity Sec.

7-11-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000373536
07/19/05-80002-015 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIGGERS, KATHLEEN 8816 103RD AVENUE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, NANCY 961 SEHUMANN DRIVE SABASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REEVES, JANET 10035 85TH ST SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSITY, MARGARET J 449 DEL MONTE ROAD, APT A SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILO, ELIZABETH 265 CARAVAN TERRACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEUBERGER, PEGGY 9365 87TH STREET VERO BEACH, FL 32967

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:

Margaret J Cassity

7-11-05

Date

Daytime Phone #

222-489-6573