

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90082 031 ****70.00

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

DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP

CR2E037 (11/05)

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

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

(NOTE: Registered Agent signature required when reinstating)

JAN 11 2006

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BIGGERS, KATHLEEN
STREET ADDRESS	8816 103RD AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	T
NAME	MURRAY, NANCY
STREET ADDRESS	981 SEHUMANN DRIVE
CITY-ST-ZIP	SABASTIAN, FL 32958
TITLE	T
NAME	REEVES, JANET
STREET ADDRESS	10035 8TH ST
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	S
NAME	CASSITY, MARGARET J.
STREET ADDRESS	449 DEL MONTE ROAD, APT A
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VP
NAME	PHILO, ELIZABETH
STREET ADDRESS	265 CARAVAN TERRACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	T
NAME	NEUBERGER, PEGGY
STREET ADDRESS	9365 87TH STREET
CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 11 2006

Date

Daytime Phone #

772-589-6573