

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90012 022 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                                                                                        |                                                                                                                               |                                                                                           |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N37268</b><br>1. Entity Name<br><b>SEBASTIAN INLET EAGLES LADIES AUXILIARY 4067, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                                                        |                                                                                                                               | <br>2/1                                                                                   |                                                                              |
| Principal Place of Business<br><b>9606 TRADE CENTER DR.<br/>SEBASTIAN FL 32958<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | Mailing Address<br><b>9606 TRADE CENTER DR.<br/>SEBASTIAN FL 32958<br/>US</b>                                          |                                                                                                                               |                                                                                           |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                              |                                                                                                                               |                                                                                           |                                                                              |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | City & State<br>Zip Country                                                                                            |                                                                                                                               | 4. FEI Number <b>59-2911237</b><br>Applied For<br><input type="checkbox"/> Not Applicable |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                                                        |                                                                                                                               | 1st MOORE CR2E037 (10/07)                                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>CASSITY, MARGARET J<br/>449 DEL MONTE ROAD, APT A<br/>SEBASTIAN FL 32958</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature and title when requesting)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                                                                        |                                                                                                                               |                                                                                           |                                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By: May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                               | <b>Make Check Payable to:<br/>Florida Department of State</b>                             |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                  |                                                                                           |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br>BIGGERS, KATHLEEN<br>8816 103RD AVENUE<br>VERO BEACH FL 32967          | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                              | Elizabeth E. Kratz<br>1779 HARRISBORO ST NW<br>PALM BAY FLA 32907                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T<br>WALKER, NELLIE<br>3506 98TH AVE<br>VERO BEACH FL 32967                 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                              | TREADWAY NELLIE<br>3506 98TH AVE<br>VERO BEACH FLA 32967                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S<br>CASSITY, MARGARET J<br>449 DEL MONTE ROAD, APT A<br>SEBASTIAN FL 32958 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP<br>PHILO, ELIZABETH<br>265 CARAVAN TERRACE<br>SEBASTIAN FL 32958         | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T<br>NEUBERGER, PEGGY<br>9365 87TH STREET<br>VERO BEACH FL 32967            | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                              | Lindquist JANINE<br>525 ORANGE AVE.<br>SEBASTIAN FLA 32958                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                             |                                                                                                                        |                                                                                                                               |                                                                                           |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |                                                                             |                                                                                                                        |                                                                                                                               |                                                                                           |                                                                              |
| <b>SIGNATURE: Margaret J Cassity</b> <i>Feb 4 2008</i> 772-589-6573<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                                                                        |                                                                                                                               |                                                                                           |                                                                              |