

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90137 005 \*\*\*\*61.25

**DOCUMENT # N37268**

1. Entity Name

**SEBASTIAN INLET EAGLES LADIES AUXILIARY 4067, IN C.**



Principal Place of Business

**9606 TRADE CENTER DR.  
SEBASTIAN FL 32958  
US**

Mailing Address

**P.O BOX 780602  
SEBASTIAN FL 32978  
US**

**90012396**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**9606 Trade CTR DR  
Suite, Apt. #, etc.  
Sebastian, FL**

3. Mailing Address

**381 Fordham ST  
Suite, Apt. #, etc.**

City & State

**Sebastian FL**

4. FEI Number **59-2911237**

Applied For

Not Applicable

Zip

**32958**

Country

**US**

Zip

**32958**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WELLER, VICTORIA  
13025 80TH COURT  
SEBASTIAN FL 32958**

**Betty Ward.**

7. Name and Address of New Registered Agent

Name **Betty Ward**  
Street Address (P.O. Box Number is Not Acceptable)  
**916 Louisiana Ave**

City **Sebastian**

**FL**

Zip Code

**32958**

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

**Betty Ward**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☒ Delete  
NAME **JONES, LINDA**  
STREET ADDRESS **1234 BARBER ST.**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

T ☒ Delete  
NAME **MURRAY, NANCY**  
STREET ADDRESS **961 SCHUMANN DR.**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

T ☒ Delete  
NAME **HULL, HELEN**  
STREET ADDRESS **6160 98TH ROAD**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

S ☒ Delete  
NAME **HOLCOMB, STEPHANIE**  
STREET ADDRESS **9452 US 1**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

P ☒ Delete  
NAME **WELLER, VICTORIA**  
STREET ADDRESS **8816 103 AVENUE**  
CITY-ST-ZIP **VERO BEACH FL 58963**

T ☒ Delete  
NAME **BRUSSEL, DARLENE**  
STREET ADDRESS **7615 131 ST.**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Trustee ☒ Change ☐ Addition  
NAME **Debra Roberts**  
STREET ADDRESS **116 KeyStone DR**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

Trustee ☒ Change ☐ Addition  
NAME **Jill Randolph**  
STREET ADDRESS **832 Lance ST**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

Trustee ☒ Change ☐ Addition  
NAME **Janet Reeves**  
STREET ADDRESS **10035 85th ST**  
CITY-ST-ZIP **VERO BEACH FL 32967**

Sec. ☒ Change ☐ Addition  
NAME **Helen Kucinski**  
STREET ADDRESS **381 Fordham ST**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

Pres. ☒ Change ☐ Addition  
NAME **Betty Ward**  
STREET ADDRESS **916 Louisiana Ave**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

Treas. ☒ Change ☐ Addition  
NAME **Peggy Newberger**  
STREET ADDRESS **9365 87th St**  
CITY-ST-ZIP **VERO BEACH FL 32967**

12. 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 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:

**Helen Kucinski**

**(112) 581-4088**

CR2E037 (10/02)