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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43768** (3)

1. Corporation Name

**FORT LAUDERDALE FRATERNAL ORDER OF EAGLES #3140  
LADIES AUXILIARY, INC.**

Principal Place of Business

Mailing Address

**400 SW 27 AVE  
FT LAUDERDALE FL 33312**

**400 SW 27 AVE  
FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified

**06/10/1991**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**XXXXXX TULLER, MARLENE BECKETT, MARLENE  
120 CAROLINA AVE  
FT LAUDERDALE FL 33312**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. 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

*Marlene Beckett*

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

(NOTE: Registered Agent signature required when reinstating)

**3/19/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE  
NAME **DALLAIRE, SHIRLEY**  
STREET ADDRESS **2871 E. SUNRISE LAKES DR. #302**  
CITY-ST-ZIP **SUNRISE FL**

TITLE **TD** ☒ DELETE  
NAME **BENNETT, HELEN**  
STREET ADDRESS **2820 S.W. 4TH ST.**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE  
NAME **MCFARLANE, BERTIE**  
STREET ADDRESS **1436 SW 10 ST**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **LEE TROPEANO** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **4601 THOMAS ST.**  
1.4 CITY-ST-ZIP **HOLLYWOOD, FL. 33021**

2.1 TITLE **MARIAN LEFTEROFF** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **2604 S. W. 9th PLACE**  
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

*Bertie McFarlane*

**3/19/98**

Date

Daytime Phone # **XXXXXX**

CR2E037 (10/97)