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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 18 AM 11:25

DOCUMENT # N43768

1. Corporation Name
FORT LAUDERDALE FRATERNAL ORDER OF EAGLES #3140 LADIES AUXILIARY, INC.

Principal Place of Business	Mailing Address
~~400 SW 27 AVE~~ 2135 W. FT LAUDERDALE FL 33312	~~400 SW 27 AVE~~ FT LAUDERDALE FL 33312

2. Principal Place of Business 21 2135 W. DAVIE BLVD Suite, Apt. #, etc. 22 City & State 23 FT. LAUD., FL Zip / Country 24 33312 25 U.S.A.	2a. Mailing Address 26 2135 W. DAVIE BLVD Suite, Apt. #, etc. 27 City & State 28 FT LAUD., FL Zip / Country 29 33312 30	3. Date Incorporated or Qualified 06/10/1991 4. FEI Number NOT APPLICABLE (Applied For / Not Applicable) 5. Certificate of Status Desired X — $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~TULLER, MARLENE~~ ~~400 CAROLINA AVE~~ ~~FT LAUDERDALE FL 33312~~	81 Name: HELEN BENNETT 82 Street Address (P.O. Box Number is Not Acceptable): 2820 S.W. 4 STREET 83 84 City: FORT LAUDERDALE FL 85 Zip Code: 33312

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: Helen Bennett — HELEN BENNETT — 7/27/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TROPEANO, LEE 4601 THOMAS ST HOLLYWOOD FL 33021	X DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEFTEROFF, MARIAN 2804 SW 9TH PL FT LAUDERDALE FL 33312	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T TRUSTEE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCFARLANE, BERTIE 1436 SW 10 ST FT LAUDERDALE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T TRUSTEE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D PRESIDENT JUDY JOHNSON 2409 WATERSIDE DR. FT. LAUD. FL 33312	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D SECRETARY HELEN BENNETT 2820 S.W. 4 ST. FT. LAUD. FL 33312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TRUSTEE SHIRLEY DALAIRE 2891 N PINE ISL RD #212 SUNRISE, FL 33322	☐ Change ☒ Addition

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: Helen Bennett SIGNATURE REQUIRED — 7/27/99 — 954-764-6800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
HELEN BENNETT