FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR -7 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000766 (7)

1. Corporation Name
FRATERNAL ORDER OF EAGLES #4216 AUXILIARY, INC.

Principal Place of Business	Mailing Address
16270 E HWY 40 SILVER SPRINGS FL 34488	16270 E HWY 40 SILVER SPRINGS FL 34488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 39-0920675 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TREIBER, JACALYN L
1301 N HWY 314-A
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KERSWILL, SHARON M	1.2 NAME	Harnden, Mary E.	
STREET ADDRESS	PO BOX 742 NA	1.3 STREET ADDRESS	PO Box 715 NA	
CITY-ST-ZIP	SILVER SPGS FL	1.4 CITY-ST-ZIP	Reddick, FL 32686	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HARADEN, MARY E	2.2 NAME	Downen, Janice K.	
STREET ADDRESS	PO BOX 715 NA	2.3 STREET ADDRESS	Rt. 1 Box 1871	
CITY-ST-ZIP	REDDICK FL	2.4 CITY-ST-ZIP	O'Brien, FL 32071	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HANNA, GENEVIEVE	3.2 NAME		
STREET ADDRESS	16801 SE 17TH PL	3.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	TREIBER, JACALYN	4.2 NAME	Davis, Helen L.	
STREET ADDRESS	1301 N HWY 314-A	4.3 STREET ADDRESS	13582 E. SR 40 Box 171	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	4.4 CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Genevieve F. Hanna Genevieve F. Hanna, Treas. 4/4/95 (904)625-1279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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