TILL NUW. TILING TEE 15 \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Motharit

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9200000766 (7)

FRATERNAL ORDER OF EAGLES #4216 AUXILIARY, INC.

Principal Place of Business

Mailing Address



16270 E HWY 40 SILVER SPRINGS FL 34488					16270 E HWY Silver sprii		188			
										3. Date incorporated or Qualified 3a. Date of Last Report 04/07/1995
2. Principal P	lace of Busin	 888	4.6	2a. Mailing Address						
21		26						39-0920675 Applied For Not Applied be		
Suite, Apt. #, etc.					Suite, Apt. #, etc.					\$9.76 Additional
22					27					5. Certificate of Status Desired Fee Required
City & State					City & State					6. Election Campaign Financing \$5.00 May Be
23					28					Trust Fund Contribution Added to Fees
Zip ~			Country	Щ	Zip Country			untry		8. This corporation has liability for intangible tax under s. 199.032,
24		25 29 30							Florida Statutes Yes No	
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent
								81	Name	6
	R, JACALYN		82 Si			82	Street	et Address (P.O. Box Number is Not Acceptable)		
1301 N HWT 314-A										
SILVER SPRINGS FL 34488								83		
								84	City	■■ 85 Zip Code
44 5				<u>-</u>						6-1 1
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										
3.	Signature, typed	or printe	d name of registered agent are		 	NOTE		Agen	t signatura i	a required when reinstating) DATE
12.	100		OFFICERS AND I	DIREC			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD		NOT I		□ DE	LETE	1.1 TE			Change Addition
NAME	DOWNE	-			1.2 N			ME		. 10
STREET ADDRESS	RT 1 BO		71		1.3 S			1.3 STREET ADDRESS		S AMP
CITY-SI-ZIP	O'BRIEN	FL			14 CITY			T-ZIP	NAME	
TITLE	PD		4 PA 4 P		□D€LĒTĒ			TLE		SAME Change Addition
NAME	HARADE		· · · - ·					ME		SAME
STREET ADDRESS	PO BOX		NA		2.			2.3 STREET ADDRESS		11/0
CITY-ST-ZIP	REDDIC	FL						2.4 CITY-ST-ZIP		N/A
TITLE	TD				MDE	LETE	3.1 TI	TLE		PERSTALA- WEBBER Schange Addition
NAME	HANNA,							32 NAME		479 BE 128 THE
STREET ADDRESS	18801 5				3.3			3.3 STREET ADDRESS		51 LUCK SORINGS EV -
CITY-ST-ZIP	SILVER SPRINGS FL 34488						34.C		1 - ZIP	34488
TITLE	ŞD.				DELETE			ſLE		POROTHY WEBBER Schange Addition 479 RE. 128 THELEN 51 IVER Springs FL. 34484 SHERRY COINGARD Change Addition 18660 SE 24 Place
HAME	DAVIS, L						4. 2 N	AME		18640 SE 24 Place
STREET ADDRESS	13582 E. SR-40 BOX 171						4.3 ST	REET	address	Silver Springs, Fl. 34488
CITY-ST-ZIP	11011 01 11							3,7002 30,700		
THILE					□DE	.ETE	5.1 7/7	LE		Change Addition
NAME							52 NA	ME		
STREET ADDRESS							5 3 ST	REET /	address	
CITY-ST-ZIP							5.4 CIT	<u> Y∙S</u> T	ZIP	c00001777946
TITLE					DEL	ETE	6.1 TII	LE	,	-04/12/9601012659ange □ Addition
NAME							6.2 NA	ME		***61.25
STREET ADDRESS							6.3 ST	REET	ADDRESS	
CITY-ST-ZIP							6.4 CIT	Y-ST	-7IP	4-11-96 (R
14. I do hereby	y certify that t	ne inf	ormation supplied with	this f	ilina is volunt	azilv furnish	ed and o	loas	not oua	alify for the exemption stated in Section 119 07/3WA Florida Statutes 1 further

The best of the profit of the profit of the component of the profit of the exemption stated in Section 119.07(3)(k), 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 or Block 13 or on an attachment with an address.

SIGNATURE:

HATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/8/96 625-5377

CR2E037 (12/95