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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000766 (7)

1. Corporation Name

FRATERNAL ORDER OF EAGLES #4216 AUXILIARY, INC.



Principal Place of Business

16270 E HWY 40
SILVER SPRINGS FL 34488

Mailing Address

16270 E HWY 40
SILVER SPRINGS FL 34488-5145

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
04/11/1996

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

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

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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
Gingras Sherry

82 Street Address (P.O. Box Number is Not Acceptable)
18660 SE 24 Place

83 Silver Springs, FL 34488

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 *Sherry A. Gingras*
Signature typed or printed name of registered agent and title if applicable.

Sherry A. Gingras, Secretary

2/25/97
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME DOWNEN, JANICE K.
STREET ADDRESS RT 1 BOX 1871
CITY-ST-ZIP O'BRIEN FL

TITLE PD ☒ DELETE
NAME HARADEN, MARY E
STREET ADDRESS PO BOX 715 NA
CITY-ST-ZIP REDDICK FL

TITLE TD ☐ DELETE
NAME WEBBER, DOROTHY
STREET ADDRESS 479 SE 128 TERRACE
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE SD ☐ DELETE
NAME GINGRAS, SHERRY
STREET ADDRESS 18660 E 24 PLACE
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PRATT, BEVERLY A.
1.3 STREET ADDRESS 16301 SE 5th ST.
1.4 CITY-ST-ZIP SILVER SPRINGS, FL 34488

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME SYKES, JANET
2.3 STREET ADDRESS 16925 SE 6th Lane
2.4 CITY-ST-ZIP SILVER SPRINGS, FL 34488

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 do 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: *Sherry A. Gingras* 2/25/97 Sherry Gingras 2/11/97 (352) 625-5354
Signature typed or printed name of signing officer or director Date Daytime Phone # 00861118

CR2E037 (9/96)