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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000766

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/11/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	39-0920675
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution <input type="checkbox"/>
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GINGRAS, SHERRY
18660 SE 24 PLACE
SILVER SPRINGS FL 34488

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

Sherry A. Gingras **SHERRY A. GINGRAS, SEC.**

1/12/99

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
NAME	PRATT, BEVERLY A	1.2 NAME	Prather, Katherine B
STREET ADDRESS	16301 SE 5TH ST	1.3 STREET ADDRESS	685 SE 129 Ave.
CITY-ST-ZIP	SILVER SPRINGS FL	1.4 CITY-ST-ZIP	Silver Springs, FL 34488
TITLE	VD	2.1 TITLE	VD
NAME	PRATHER, KATHERINE B	2.2 NAME	Norton, Barbara
STREET ADDRESS	685 SE 129 AVE	2.3 STREET ADDRESS	16397 SE 5 Street
CITY-ST-ZIP	SILVER SPRINGS FL 34488	2.4 CITY-ST-ZIP	Silver Springs, FL 34488
TITLE	TD	3.1 TITLE	
NAME	WEBBER, DOROTHY	3.2 NAME	
STREET ADDRESS	479 SE 128 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	GINGRAS, SHERRY	4.2 NAME	
STREET ADDRESS	18660 E 24 PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Sherry A. Gingras **SHERRY A. GINGRAS** 1/12/99 352-625-5377

Date

Daytime Phone #

CR2E037 (11/98)