

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

01-17-2003 90115 026 ****61.25

DOCUMENT # N92000000766

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **39-0920675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GINGRAS, SHERRY
18660 SE 24 PLACE
SILVER SPRINGS FL 34488**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sherry A. Gingras, Sec. Sherry A. Gingras

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**
NAME **MARTIN, CAROL**
STREET ADDRESS **1820 S.E. 189 CT.**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

☐ Delete

TITLE **PD**
NAME **SALISBURY, BETTY**
STREET ADDRESS **5045 SE 187 CT**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

☒ Delete

TITLE **VD**
NAME **LEMILY, MARIA**
STREET ADDRESS **248 NE 120 AVENUE**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

☐ Delete

TITLE **VD**
NAME **Dixie Petersen**
STREET ADDRESS **2319 SE 186 TERR.**
CITY-ST-ZIP **Silver Springs, FLA 34488**

☐ Delete

TITLE **(Corrected Above!)**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **VD**
NAME **DIXIE PETERSEN**
STREET ADDRESS **2319 SE 186 TERR**
CITY-ST-ZIP **Silver Springs FL 34488**

☐ Change

☒ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry A. Gingras
SHERRY A. GINGRAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/03

Daytime Phone #

**352-625
5377**

CR2E037 (10/02)