

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004478 (3)

1. Corporation Name

PUNTA GORDA FRATERNAL ORDER OF EAGLES AUXILIARY
#4331, INC.



Principal Place of Business

324-A COOPER ST
PUNTA GORDA FL 33950
US

Mailing Address

324-A COOPER ST
PUNTA GARDENS FL 33950
US

3. Date Incorporated or Qualified
09/13/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3235949

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEEPER, SALLY M
324-A COOPER ST
PUNTA GORDA FL 33950

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

Sally M. Leeper

Sally M. Leeper

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME EDWARDS, BARBARA
STREET ADDRESS 2121 MARK AVE
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME LEEPER, SALLY M
STREET ADDRESS 324-A COOPER ST
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME BROTHERS, LORA E
STREET ADDRESS 24420 AIRPORT RD.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☒ DELETE

NAME BOLLING, TRACEY
STREET ADDRESS P.O. BOX 276 N/A
CITY-ST-ZIP PUNTA GORDA FL 33951

TITLE ☒ DELETE

NAME MORRISON, PATSY
STREET ADDRESS 1432 CORALRIDGE DR.
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE

NAME GOULD, JUDY
STREET ADDRESS P.O. BOX 821
CITY-ST-ZIP PUNTA GORDA FL 33951

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

~~LEPER, SALLY M~~ ☒ Addition

~~324-A Cooper St.~~

~~Punta Gorda, FL 33950~~

~~Punta Gorda, FL 33950~~

☐ Change ☐ Addition

900001761779

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☐ Change ☒ Addition

Bender, Julie K

18496 Yarbrough Ave.

Port Charlotte, FL 33948

☐ Change ☒ Addition

D Anthony, Diane

24500 Airport Rd. H-3

Punta Gorda, FL 33950

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

Sally M. Leeper
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/11-639-2551
Daytime Phone #

CR2E037 (12/95)