

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90082 027 ****61.25

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1. Entity Name

FRATERNAL ORDER OF EAGLES AUXILIARY #3885,
INC.



Principal Place of Business

250 OLD ENGLEWOOD RD
ENGLEWOOD FL 34223

Mailing Address

250 OLD ENGLEWOOD RD
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNKIN, DAVID A
170 W DEARBORN ST
ENGLEWOOD FL

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE ☒ Delete
NAME SHREVE, ALICE
STREET ADDRESS 1060 S. MCCALL RD. LOT 2
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME ZIMMER, PAT
STREET ADDRESS 954 TEXAS STREET
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME KALSTAD, GRAYCE
STREET ADDRESS 220 E. COWLESS ST.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME WEEKS, CAROL
STREET ADDRESS 4810 BONITA RD.
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☒ Addition
NAME Gladys Brock
STREET ADDRESS
CITY-ST-ZIP Englewood, FL 34223

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Carol Weeks Carol Weeks

1/26/06 941-475-1921