

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005540

FILED
Jan 18, 2007
Secretary of State

Entity Name: FRATERNAL ORDER OF EAGLES AUXILIARY #3885, INC.

Current Principal Place of Business:

250 OLD ENGLEWOOD RD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

250 OLD ENGLEWOOD RD
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKIN, DAVID A
170 W DEARBORN ST
ENGLEWOOD, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BROCK, GLADYS
Address: 1060 S. MCCALL RD. LOT 2
City-St-Zip: ENGLEWOOD, FL 34223

Title: P () Delete
Name: ZIMMER, PAT
Address: 954 TEXAS STREET
City-St-Zip: ENGLEWOOD, FL 34223

Title: T () Delete
Name: KALSTAD, GRAYCE
Address: 220 E. COWLESS ST.
City-St-Zip: ENGLEWOOD, FL 34223

Title: DS () Delete
Name: WEEKS, CAROL
Address: 4810 BONITA RD.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: REDMAN, SHERLL
Address: 1760 MARYKNOLL RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: P (X) Change () Addition
Name: FINNEY, DONNA
Address: 4503 WABASSO AVE.
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WEEKS

DS

01/18/2007

Electronic Signature of Signing Officer or Director

Date