

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005540

FILED
Feb 08, 2009
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: P () Delete
Name: REDMAN, SHERLL
Address: 1760 MARYKNOLL RD.
City-St-Zip: ENGLEWOOD, FL 34223

Title: VP () Delete
Name: SULLIVAN, NORMA
Address: 312 PINE HOLLOW CIRCLE
City-St-Zip: ENGLEWOOD, FL 34224

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: P (X) Change () Addition
Name: LAWSON, LINDA
Address: 426 KELLSTADT STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Change () Addition
Name: KELLERT, BETTY
Address: 1026 OSCEOLA BLVD
City-St-Zip: ENGLEWOOD, FL 34223

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

Title: DS (X) Change () Addition
Name: POSPISIL, MARTA
Address: 1025 BAY VISTA BLVD.
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify 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: MARTA RUIZ POSPISIL

DS

02/08/2009

Electronic Signature of Signing Officer or Director

Date