

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005540

FILED  
Apr 02, 2010  
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  
Name: HOUSE, JOYCE  
Address: 9134 MOSS DRIVE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP  
Name: KELLERT, BETTY  
Address: 1026 OSCEOLA BLVD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: T  
Name: TARALLO, BARBARA  
Address: 790 SUNCREST LANE  
City-St-Zip: ENGLEWOOD, FL 34223

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

I hereby 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 all other like empowered.

SIGNATURE: MARTA POSPISIL

DS

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date