

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005540

**FILED**  
**Apr 27, 2012**  
**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: BAKER, SARAH  
Address: 14159 SAUL LANE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VP  
Name: WEEKS, CAROL  
Address: 4810 BONITA ROAD  
City-St-Zip: VENICE, FL 34293

Title: T  
Name: ROSA, SUSAN  
Address: 1891 ENGLEWOOD ROAD, #12  
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 RUIZ POSPISIL

DS

04/27/2012

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

\_\_\_\_\_  
Date