

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90014 050 ****61.25

DOCUMENT # N99000000671					
1. Entity Name LADIES AUXILIARY TO PORT CHARLOTTE #3296 FRATERNAL ORDER OF EAGLES, INC.					
Principal Place of Business 23111 HARBORVIEW RD. CHARLOTTE HARBOR, FL 33980			Mailing Address 2625 ROYAL PALM DR NORTH PORT, FL 34288		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1043 Canal Terr NW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Port Charlotte, FL		4. FEI Number 23-7592662	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33948		USA		01212007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent HUNTER, RUSS 1512 RIO DE JANEIRO AVE. PUNTA GORDA, FL 33983			7. Name and Address of New Registered Agent Name William Dennison Street Address (P.O. Box Number is Not Acceptable) 506 W. Tarpon Dr. City Port Charlotte FL Zip Code 33952		
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 <i>Bill Dennison</i> (NOTE: Registered Agent signature required when reinstating) <i>2/19/07</i>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TS NAME DANILSON, FRAN STREET ADDRESS 2625 ROYAL PLAM DR CITY-ST-ZIP NORTH PORT, FL 34288	<input type="checkbox"/> Delete		TITLE TS NAME Edythe Dougherty STREET ADDRESS 1043 Canal Terr NW CITY-ST-ZIP Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PT NAME DOUGHERTY, EDYTHE STREET ADDRESS 1043 CANAL TER NW CITY-ST-ZIP PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		TITLE PT NAME Patricia Lowe STREET ADDRESS 26440 Sucre Dr. CITY-ST-ZIP Port Charlotte, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPT NAME DALSK, ANN STREET ADDRESS 3098 BEACON DR CITY-ST-ZIP NORTH PORT, FL 34286	<input type="checkbox"/> Delete		TITLE VPT NAME Claire Achey STREET ADDRESS 11644 SW Egret Cir. #208 CITY-ST-ZIP Lake Suzy, FL 34219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Edythe Dougherty</i> <i>Edythe Dougherty</i> <i>2-23-07</i> <i>941-624-2034</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					