2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90023 015 ****61.25

DOCUMENT # N99000000671

1. Entity Name
LADIES AUXILIARY TO PORT CHARLOTTE #3296
FRATERNAL ORDER OF EAGLES, INC.

40020412

Principal Place of Business	Mailing Address
23111 HARBORVIEW RD. CHARLOTTE HARBOR, FL 33980	1043 CANA TERR NW PORT CHARLOTTE, FL 33948

01042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2625 Royal Palm Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: North Port, FL
Zip / Country	Zip: 34288 / Country

4. FEI Number: 23-7592662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DENNISON, WILLIAM 506 W. TARPON DR. PORT CHARLOTTE, FL 33952	Name: Don Peyton Street Address (P.O. Box Number is Not Acceptable): 21098 Gephart St. 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: Don Peyton 2-4-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT LOWE, PATRICIA 26440 SUCRE DR. PORT CHARLOTTE, FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Claire Achey 11644 SW Egret Cir #208 Lake Suzy, FL 34269	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS DOUGHERTY, EDYTHE 1043 CANAL TER NW PORT CHARLOTTE, FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Fran Danilison 2625 Royal Palm Dr. North Port, FL 34288	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ACHEY, CLAIRE 11644 SW EGRET CIR. #208 LAKE SUZY, FL 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres Barbara Clem 1711 Boca Raton Ct. Punta Gorda, FL 33950	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Fran Danilison 2/4/08 941 429 4729