

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000786

FILED
Mar 05, 2008
Secretary of State

Entity Name: LADIES AUXILIARY CENTENNIAL #4399 FATERNAL ORDER OF EAGLES INC.

Current Principal Place of Business:

12540 US 301
DADE CITY, FL 33525 US

New Principal Place of Business:

15924 US 301
DADE CITY, FL 33523 US

Current Mailing Address:

40703 STEWART ROAD
#57
DADE CITY, FL 33525 US

New Mailing Address:

15924 US 301
DADE CITY, FL 33523 US

FEI Number: 20-8397695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINDEN, ELIZABETH
40703 STEWART ROAD
#57
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

SINDEN, ELIZABETH J
9610 STARLINE DRIVE
DADE CITY, FL 33525 US

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: ELIZABETH J. SINDEN

03/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JEFFERS, JUDITH
Address: 38203 BLACK BIRD LANE
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: SD () Delete
Name: SINDEN, ELIZABETH
Address: 40703 STEWART ROAD #57
City-St-Zip: DADE CITY, FL 33525 US

Title: TD () Delete
Name: CASE, PATRICIA
Address: 39751 MEADOWOOD LOOP
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: VD () Delete
Name: MOYER, MARY
Address: 9267 US 98 #137
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOYER, MARY
Address: 9267 US 98 #137
City-St-Zip: DADE CITY, FL 33525 US

Title: SD (X) Change () Addition
Name: SINDEN, ELIZABETH
Address: 9610 STARLINE DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: TD (X) Change () Addition
Name: NOBLES, GAIL
Address: 6240 REDFEATHER DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: VD (X) Change () Addition
Name: JENKINS, ARLENE
Address: 34898 EMILY DRIVE
City-St-Zip: DADE CITY, FL 33523 US

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: ELIZABETH J. SINDEN

SD

03/05/2008

Electronic Signature of Signing Officer or Director

Date