

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000786

FILED  
Apr 08, 2009  
Secretary of State

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

**Current Principal Place of Business:**

15924 US 301  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

15924 US 301  
DADE CITY, FL 33523 US

**New Mailing Address:**

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 J  
9610 STARLINE DRIVE  
DADE CITY, FL 33525 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: PD ( ) Delete  
Name: MOYER, MARY  
Address: 9267 US 98 #137  
City-St-Zip: DADE CITY, FL 33525 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BIHLER, BONNIE  
Address: 37518 BERMUDA DR  
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ALLISON, TONETTE  
Address: 3750 LADO DR  
City-St-Zip: ZEPHYRHILLS, FL 33543 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

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date