

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000786

FILED
Apr 05, 2011
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: 59-3500152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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
Name: ALLISON, TONETTE
Address: 3750 LADO DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33543 US

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

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

Title: VD
Name: CRAFT, CONNIE
Address: 11207 MELODY LANE
City-St-Zip: DADE CITY, FL 33525 US

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: ELIZABETH J. SINDEN

SD

04/05/2011

Electronic Signature of Signing Officer or Director

Date