2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007985

Entity Name: FRATERNAL ORDER OF EAGLES AUXILIARY #4242, INC.

FILED
Apr 30, 2018
Secretary of State
CC2281096437

Current Principal Place of Business:

132 WEST PARK AVENUE SUITE 14

EDGEWATER, FL 32132

Current Mailing Address:

132 WEST PARK AVENUE SUITE 14

EDGEWATER, FL 32132

FEI Number: 80-0382935 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANLEY, PHYLLIS S 2102 SOUTH RIDGEWOOD AVENUE SUITE 7 EDGEWATER, FL 32141 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: PHYLLIS S. MANLEY 04/30/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitlePRESIDENTTitleSECRETARYNameSMITH, TES JNameBICE, PATRICIA E

Address 3231 VICTORY PALM DRIVE Address 132 WEST PARK AVENUE

City-State-Zip: EDGEWATER FL 32141

ty-State-Zip: EDGEWATER FL 32141 City-State-Zip: EDGEWATER FL 32132

Title TREASURER

Name HUGHES, KATHY

Title TRUSTEE

Name BICE, SUE E.
Address 132 WEST PARK AVENUE

SUITE 14 Address 20 BLUE HERON DRIVE

City-State-Zip: EDGEWATER FL 32132 City-State-Zip: EDGEWATER FL 32141

TitleTRUSTEETitlePAST MADAM PRESIDENTNameBELLEGUE, ELIZABETH MNameSILVESTRO, JULIE EAddress2293 SOUTH GLENCOE ROADAddress28 SUNRISE AVENUE

City-State-Zip: NEW SMYRNA BEACH FL 32168 City-State-Zip: ORMOND BEACH FL 32176

Title CONDUCTOR Title TRUSTEE

Name MILLER, DEBORAH D Name ROSE, SHIRLEY L

Address 1235 PALMETTO AVENUE Address 1403 SABAL PALM DRIVE

City State Zip: NEW SMYPNA REACH EL 22169 City-State-Zip: EDGEWATER FL 32132

City-State-Zip: NEW SMYRNA BEACH FL 32168 City-State-Zip: EDGEWATER FL 32132

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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: PATRICIA E. BICE SECRETARY 04/30/2018

Officer/Director Detail Continued:

Title CHAPLIN

Name DORN, KAREN

132 WEST PARK AVENUE SUITE 14 Address

City-State-Zip: EDGEWATER FL 32132