

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006133

**Entity Name:** FRATERNAL ORDER OF EAGLES LADIES AUXILIARY #4485,  
INC**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC5336206355****Current Principal Place of Business:**1775 N HWY 27  
SUITE A  
MINNEOLA, FL 34715**Current Mailing Address:**1775 N HWY 27  
SUITE A  
MINNEOLA, FL 34715 US**FEI Number: 37-1503781****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SALDIVAR, TORRI A SECRETARY  
1775 N HWY 27  
SUITE A  
MINNEOLA, FL 34715 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:** TORRI A SALDIVAR**04/28/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | PRESIDENT                |
| Name            | TUNMORE, DAPHNE          |
| Address         | 1775 N HWY 27<br>SUITE A |
| City-State-Zip: | MINNEOLA FL 34715        |

|                 |                        |
|-----------------|------------------------|
| Title           | SECY                   |
| Name            | SALDIVAR, TORRI A      |
| Address         | 1775 N HWY 27, SUITE A |
| City-State-Zip: | MINNEOLA FL 34715      |

|                 |                        |
|-----------------|------------------------|
| Title           | TRUS                   |
| Name            | CORNELL, MARY JANE     |
| Address         | 1775 N HWY 27, SUITE A |
| City-State-Zip: | MINNEOLA FL 34715      |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | HALL, JOANNE           |
| Address         | 1775 N HWY 27, SUITE A |
| City-State-Zip: | MINNEOLA FL 34715      |

|                 |                          |
|-----------------|--------------------------|
| Title           | TREASURER                |
| Name            | SMYSER, KATHIE TREASURER |
| Address         | 1775 N HWY 27<br>SUITE A |
| City-State-Zip: | MINNEOLA FL 34715        |

|                 |                          |
|-----------------|--------------------------|
| Title           | TRUSTEE                  |
| Name            | ROSS, SANDY TRUSTEE      |
| Address         | 1775 N HWY 27<br>SUITE A |
| City-State-Zip: | MINNEOLA FL 34715        |

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:** TORRI A SALDIVAR**SECRETARY****04/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date