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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **723773** **(8)**

1. Corporation Name

GREATER CLEARWATER AERIE NO. 3452, FRATERNAL ORD ER OF EAGLES, INC.

Principal Place of Business	Mailing Address
AL ORDER OF EAGLES, INC. 1485 GULF TO BAY BLVD. CLEARWATER FL 33515	AL ORDER OF EAGLES, INC. 1485 GULF TO BAY BLVD. CLEARWATER FL 34615-5320

3. Date Incorporated or Qualified: 06/29/1972
3a. Date of Last Report: 06/05/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 23-7179824 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GASKIN, SAXTON R., III
1485 SAN JUAN COURT
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, STEVE		1.2 NAME	
STREET ADDRESS	1201 SEMINOLE BLVD #352		1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MAIN, RODNEY		2.2 NAME	
STREET ADDRESS	800 MAIN STREET #393		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, WILLIAM		3.2 NAME	
STREET ADDRESS	1361 YOUNG STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, MIKE		4.2 NAME	
STREET ADDRESS	1235 S HIGHLAND BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SULER, EDWIN		5.2 NAME	
STREET ADDRESS	1519 EUNICE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	YILLEY, JASON		6.2 NAME	
STREET ADDRESS	1320 MORELAND DRIVE APT 14		6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] SIGNATURE REQUIRED 5-5-97
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR) DATE