

**FILE NOW: FILING FEE IS \$61.25**

*10/25/96 5333-1/25/96*

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **736482** (1)  
1. Corporation Name  
**FRATERNAL ORDER OF EAGLES LAKE WORTH AERIE #3694 INC.**



Principal Place of Business: 2101 LAKE WORTH ROAD, PO BOX 6647, LAKE WORTH FL 33461  
Mailing Address: 2101 LAKE WORTH ROAD, PO BOX 6647, LAKE WORTH FL 33461

3. Date Incorporated or Qualified: **07/27/1976**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **51-0193468**  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**MILLER, BOB  
3420 LAKE OSBORNE DR  
LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEPPALA, RODNEY	
STREET ADDRESS	1714 TRAMER DR.	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, BOB	
STREET ADDRESS	3420 LAKE OSBORNE DR.	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STARR, RAY	
STREET ADDRESS	902 NORTH "E" STREET	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IMES, ROBERT	
STREET ADDRESS	703 ALMOND DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>PD "RED" STEWART</i>	
1.3 STREET ADDRESS	<i>2607 MOSES ROAD</i>	
1.4 CITY - ST - ZIP	<i>W. Palm Beach, FL</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bob Miller - Bob Miller, Secy* 1/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)