

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90306 040 ****61.25

DOCUMENT # 736482

1. Entity Name

FRATERNAL ORDER OF EAGLES LAKE WORTH AERIE #3694 INC.

Principal Place of Business

Mailing Address

2101 LAKE WORTH ROAD
 PO BOX 6647
 LAKE WORTH FL 33461

2101 LAKE WORTH ROAD
 PO BOX 6647
 LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0193468

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAHR, EDWARD J JR
2970 ASHLEY DR E
VILLA D
WEST PALM BCH FL 33415

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

EDWARD BAHR JR

SECRETARY

4/14/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **WRIGHT, ROBERT**
 STREET ADDRESS **2021 LAKE WORTH RD**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** Change Addition
 NAME **LARRY CHAMBERS**
 STREET ADDRESS **2460 WATERSIDE CIR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **VP** Delete
 NAME **MILLING, DUSTIN**
 STREET ADDRESS **ALMOND DR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** Change Addition
 NAME **LOYD UNDERWOOD**
 STREET ADDRESS **2021 LAKE WORTH RD**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** Delete
 NAME **DUBENSKI, MIKE**
 STREET ADDRESS **1970 ASHLEY DR E VILLA D**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **S** Change Addition
 NAME **EDWARD BAHR**
 STREET ADDRESS **2970 ASHLEY DR E**
 CITY-ST-ZIP **W. PALM BEACH FL 33415**

TITLE **D** Delete
 NAME **JONES, JERRY**
 STREET ADDRESS **2181 BERMUDA RD**
 CITY-ST-ZIP **WEST PALM BCH FL 33406**

TITLE Change Addition

TITLE **D** Delete
 NAME **MARTIN, CLAUDE**
 STREET ADDRESS **ALMOND DR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE Change Addition

TITLE **D** Delete
 NAME **HILD, ROGER**
 STREET ADDRESS **910 DREW ST**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE Change Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWARD BAHR JR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02 **586-5833**
 Date Daytime Phone #

CR2E037 (9/01)