# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 755174 (0)

1. Corporation Name

**FRATERNAL ORDER OF EAGLES- LODGE NO. 3885, INC.**

Principal Place of Business
170 W DEARBORN ST
ENGLEWOOD FL 34223

Mailing Address
170 W DEARBORN ST
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified: 11/18/1980
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 31-0989146 — 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**

DUNKIN, DAVID A
170 W. DEARBORN STREET
ENGLEWOOD FL 34223

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

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | PD | ☒ DELETE |
| NAME | LEEMAN, JR JACK | |
| STREET ADDRESS | P O BOX 44 N/A | |
| CITY-ST-ZIP | ENGLEWOOD FL | |
| TITLE | SD | ☐ DELETE |
| NAME | BANASZEWSKI, RAYMOND | |
| STREET ADDRESS | 1496 BLUE HERON DRIVE | |
| CITY-ST-ZIP | ENGLEWOOD FL 34424 | |
| TITLE | VD | ☐ DELETE |
| NAME | CHASE, CLARENCE | |
| STREET ADDRESS | 1050 MONTANA AVE | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | TD | ☐ DELETE |
| NAME | OLSEN, HARRY | |
| STREET ADDRESS | 1000 S MCCALL ROAD #22 | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | PD | ☒ Change ☐ Addition |
| 1.2 NAME | Clarence R. Chase | |
| 1.3 STREET ADDRESS | 61 Second Ave. | |
| 1.4 CITY-ST-ZIP | Englewood, FL 34223 | |
| 2.1 TITLE | VPD | ☒ Change ☐ Addition |
| 2.2 NAME | William L. Smith | |
| 2.3 STREET ADDRESS | 10134 Charlemont Ave. | |
| 2.4 CITY-ST-ZIP | Englewood, FL 34224 | |
| 3.1 TITLE | TD | ☒ Change ☐ Addition |
| 3.2 NAME | Jack R. Possinger | |
| 3.3 STREET ADDRESS | 810 Texas Street | |
| 3.4 CITY-ST-ZIP | Englewood, FL 34223 | |
| 4.1 TITLE | SD | ☐ Change ☐ Addition |
| 4.2 NAME | Raymond Banaszewski | |
| 4.3 STREET ADDRESS | 1496 Blue Heron Drive | |
| 4.4 CITY-ST-ZIP | Englewood, FL 34223 | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ 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:** Raymond J. Banaszewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96
DATE

Daytime Phone #

CR2E037 (12/95)