

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34223-3237
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3. Date Incorporated or Qualified 11/18/1980	3a. Date of Last Report 04/01/1996
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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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME CHASE, CLARENCE R	
STREET ADDRESS 61 SECOND AVE ENGLEWOOD FL	
CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME SMITH, WILLIAM L	
STREET ADDRESS 10134 CHARLEMONT AVE ENGLEWOOD FL	
CITY-ST-ZIP	
TITLE TD P	<input checked="" type="checkbox"/> DELETE
NAME OSSINGER, JACK R	
STREET ADDRESS 810 TEXAS STREET ENGLEWOOD FL	
CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME OLSEN, HARRY	
STREET ADDRESS 1000 S MCCALL ROAD #22 ENGLEWOOD FL 34223	
CITY-ST-ZIP	
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 PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME William L. Smith	
1.3 STREET ADDRESS 10134 Charlemont Avenue Englewood, FL 34224	
1.4 CITY-ST-ZIP	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Leo G. Perry	
2.3 STREET ADDRESS 821 Harvard Street Englewood, FL 34223	
2.4 CITY-ST-ZIP	
3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Paul D. Moore	
3.3 STREET ADDRESS 680 Artists Avenue Englewood, FL 34223	
3.4 CITY-ST-ZIP	
4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Raymond J. Banaszewski	
4.3 STREET ADDRESS 1496 Blue Heron Drive Englewood, FL 34224	
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 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.

CR2E037 (9/96)

SIGNATURE _____ DATE _____