


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90013 027 ****61.25

DOCUMENT # 755174					
1. Entity 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		
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 31-0989146	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUNKIN, DAVID A 170 W. DEARBORN STREET ENGLEWOOD, FL 34223			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINITY, ROBERT T		NAME	MCGINTY, ROBERT T	
STREET ADDRESS	6800 PLACIDA ROAD APT 1E		STREET ADDRESS	6800 PLACIDA ROAD APT 1E	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANCOCK, SIDNEY C		NAME	HANCOCK, SIDNEY C	
STREET ADDRESS	775 S. OXFORD DR		STREET ADDRESS	775 S. OXFORD DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLERT, RICHARD M		NAME	KELLERT, RICHARD M.	
STREET ADDRESS	1026 OSCEOLA BLVD		STREET ADDRESS	1026 OSCEOLA BLVD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANASZEWSKI, RAYMOND J		NAME	MOORE, PAUL D.	
STREET ADDRESS	1496 BLUE HERON DRIVE		STREET ADDRESS	680 ARTIST AVE.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REASONER, ROBERT R		NAME	CARR, WILLIAM S.	
STREET ADDRESS	217B HIGH POINT DR		STREET ADDRESS	9390 HEARTWELLVILLE AVE.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	ENGLEWOOD, FLORIDA 34224	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, LEO G		NAME		
STREET ADDRESS	1423 FLAMINGO RD		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Robert R Reasoner</i>		Date: <i>1-21-04</i>		Daytime Phone #: <i>473-3861</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					