

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90073 014 ****61.25



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number **31-0989146** Added For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____
Signature typed or printed name of registered agent and LLC (applicable) (Not for Registered Agent signature required with registration) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	T MCGINITY, ROBERT T 6800 PLACIDA ROAD APT 1E ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P HANCOCK, SIDNEY C 775 S. OXFORD DR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T KELLERT, RICHARD M 1026 OSCEOLA BLVD ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T BANASZEWSKI, RAYMOND J 1496 BLUE HERON DRIVE ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	SD REASONER, ROBERT R 217B HIGH POINT DR ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T MOORE, PAUL D 680 ARTIST AVE. ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	P CARR, WILLIAM S. 9390 HEARTWELLVILLE AVE. ENGLEWOOD, FL 34224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY ST ZIP	V POSSINGER, JACK R. 810 TEXAS ST. ENGLEWOOD, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add/In
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add/In

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *X Robert R Reasoner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05
 Date

Print the name of the