


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90058 046 \*\*\*\*61.25

<b>DOCUMENT # 755174</b>					
1. Entity Name <b>FRATERNAL ORDER OF EAGLES- LODGE NO. 3885, INC.</b>					
Principal Place of Business <b>170 W DEARBORN ST ENGLEWOOD, FL 34223</b>			Mailing Address <b>170 W DEARBORN ST ENGLEWOOD, FL 34223</b>		
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 <b>31-0989146</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>DUNKIN, DAVID A</b> <b>170 W. DEARBORN STREET</b> <b>ENGLEWOOD, FL 34223</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, WILLIAM S		NAME	COLEMAN, GARY F.	
STREET ADDRESS	9390 HEARTWELLVILLE AVE		STREET ADDRESS	581 BLACKBURN ST.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSSINGER, JACK R		NAME	PERRY, LEO G.	
STREET ADDRESS	810 TEXAS ST		STREET ADDRESS	1243 FLAMINGO RD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLERT, RICHARD M		NAME	KIRK, RONALD	
STREET ADDRESS	1026 OSCEOLA BLVD		STREET ADDRESS	930 2 <sup>ND</sup> ST.	
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	ZIMMER, RUSS	
STREET ADDRESS	1496 BLUE HERON DRIVE		STREET ADDRESS	954 TEXAS ST.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP	ENGLEWOOD, FL 34223-2402	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REASONER, ROBERT R		NAME	REASONER, ROBERT R.	
STREET ADDRESS	217B HIGH POINT DR		STREET ADDRESS	217B HIGH POINT DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, PAUL D		NAME		
STREET ADDRESS	680 ARTIST AVE.		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>			3-7-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		