


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90093 035 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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, applicable to c. (NOTE: Registered Agent signature required when constituting)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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	V <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, GARY F	NAME	COLEMAN, GARY F.
STREET ADDRESS	581 BLACKBURN ST	STREET ADDRESS	581 BLACKBURN ST.
CITY-ST-ZIP	ENGLEWOOD, FL 34223	CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	T <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, LEO G	NAME	WEBB, ERCCEL
STREET ADDRESS	1243 FLAMINGO ROAD	STREET ADDRESS	ENGLEWOOD, FL 34223
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, WILLIAM	NAME	DAVIS, KEN
STREET ADDRESS	9390 HEARTWELLVILLE	STREET ADDRESS	1186 DAVIS LN
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANASZEWSKI, RAYMOND J	NAME	REDMAN, GREGORY
STREET ADDRESS	1496 BLUE HERON DRIVE	STREET ADDRESS	1760 MARY KNOLL RD.
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	S <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REASONER, ROBERT R	NAME	REASONER, ROBERT
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	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMER, RUSS	NAME	RICIGLIANO, DONALD
STREET ADDRESS	954 TEXAS ST	STREET ADDRESS	1901 MICHIGAN AVE.
CITY-ST-ZIP	ENGLEWOOD, FL 342232402	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions cc ENGLEWOOD, FL 34224 ites. 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: _____		SEE ATTACHED LIST	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	