## 2005 NOT-FOR-PROFIT CORPORATION ... ANNUAL REPORT (AR)

## Aug 09, 2005 8:00 am Secretary of State DOCUMENT # N04000005726 08-09-2005 90003 044 \*\*\*\*70.00 DAYTONA BEACH SHORES FRATERNAL ORDER OF EAGLES 4469 INC. Principal Place of Business Mailing Address 3516 S. ATLANTIC AVE. 3516 S. ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (5/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zio Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Leroy W. Wil .50 n KELLUM, EDWARD Street Address (P.O. Box Number is Not Acceptable) 3516 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 7, 2005 Added to Fees Florida Department of State 10. TRUS OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE KELLUM, EDWARD Defete TITLE Change NAME 3516 S. ATLANTIC AVE. NAME STREET ADDRESS DAYTONA BEACH SHORES FL 32118 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LUMBIS, PETER TITLE ☐ Delete TITLE 3516 S. ATLANTIC AVE. NAME MANAE STREET ADDRESS DAYTONA BEACH SHORES FL 32118 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ROY, RICHARD ☐ Delete TITLE NAME 3516 S. ATLANTIC AVE. NAME STREET ADDRESS DAYTONA BEACH SHORES FL 32118 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

\*\*SIGNATURE:\*\*

\*\*SIGNATURE:\*\*

\*\*Description:

\*\*SIGNATURE:\*\*

\*\*Description:

\*\*Authorized Authorized Autho