2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N08000001769

Entity Name: SUMTER COUNTY EAGLES AERIE #4514 FRATERNAL ORDER OF EAGLES INC.

Current Principal Place of Business:

510 S. MAIN ST.
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

510 S. MAIN ST.
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 61-1551955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, TIM
11618 NE 36TH ST.
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

WALKER, TIM
510 S MAIN ST.
WILDWOOD, FL 34785 US

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.

SIGNATURE: _____ 02/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALKER, TIM
Address: 510 S. MAIN ST.
City-St-Zip: WILDWOOD, FL 34785

Title: VD ( ) Delete
Name: MAYFIELD, DAVE
Address: 510 S. MAIN ST.
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete
Name: YOST, WAYNE
Address: 510 S. MAIN ST.
City-St-Zip: WILDWOOD, FL 34785

Title: S (X) Delete
Name: VIGUE, SONNY
Address: 510 S. MAIN ST.
City-St-Zip: WILDWOOD, FL 34785

Title: T (X) Delete
Name: DEGOLIA, PAUL
Address: 510 S. MAIN ST.
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: WALKER, TIM
Address: 510 S. MAIN ST.
City-St-Zip: WILDWOOD, FL 34785

Title: P (X) Change ( ) Addition
Name: WILLIS, TOM
Address: 103 SUGAR MAPLE AVE.
City-St-Zip: WILDWOOD, FL 34785

Title: T (X) Change ( ) Addition
Name: OTLOWSKI, HANK
Address: 8740 NW 19TH ST.
City-St-Zip: WILDWOOD, FL 34785

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY W. WALKER S 02/17/2009
Electronic Signature of Signing Officer or Director — Date