

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N14292 (9)

1. Corporation Name

4108 AERIE IMMOKALEE, FRATERNAL ORDER OF EAGLES, INC.

95 MAY -1 AM 10: 05

Principal Place of Business

Mailing Address

403 NEWMARKET ROAD
P.O. BOX 5063
IMMOKALEE FL 33934

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P.O. BOX 5063
IMMOKALEE FL 33934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1986
3a. Date of Last Report 02/10/1994

4. FEI Number 59-2528 160
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for interjurisdictional tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKERBY, RICHARD
317 W MAIN STREET
IMMOKALEE FL 33934

81 Name Earl Taylor Jr.
82 Street Address (P.O. Box Numbers Not Acceptable) RT 1 Box H
83 St Rd 846
84 City Immokalee FL 85 Zip Code 33934

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Earl Taylor Jr. 6/5/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAGE, T.R.
STREET ADDRESS	100 SINGLETARY CIRCLE
CITY - ST - ZIP	IMMOKALEE FL
TITLE	SD
NAME	CAVER, JOEL
STREET ADDRESS	P O BOX 232 N/A
CITY - ST - ZIP	IMMOKALEE FL
TITLE	VD
NAME	LOCKERBY, RICHARD
STREET ADDRESS	317 W. MAIN ST.
CITY - ST - ZIP	IMMOKALEE FL
TITLE	D
NAME	STRADER, R.D.
STREET ADDRESS	1305 NEW MARKET RD
CITY - ST - ZIP	IMMOKALEE FL
TITLE	D
NAME	TAYLOR, EARL JR.
STREET ADDRESS	RT 1 BOX H N/A
CITY - ST - ZIP	IMMOKALEE FL
TITLE	TD
NAME	SHEPARD, JOHN
STREET ADDRESS	P.O. BOX 5040, NA
CITY - ST - ZIP	IMMOKALEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Norman Ayer	
1.3 STREET ADDRESS	1010 Jefferson Ave	
1.4 CITY - ST - ZIP	Immokalee, FL 33934	
2.1 TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charles Keene	
2.3 STREET ADDRESS	302 Turpin Street	
2.4 CITY - ST - ZIP	Immokalee, FL 33934	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Victor Kirk	
3.3 STREET ADDRESS	1112 N 11th St	
3.4 CITY - ST - ZIP	Immokalee, FL 33934	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Lawson	
4.3 STREET ADDRESS	403 New Market Rd	
4.4 CITY - ST - ZIP	Immokalee, FL 33934	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Victor Kirk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

Daytime Phone #