

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N14292 (9)

1. Corporation Name
 4108 AERIE IMMOKALEE, FRATERNAL ORDER OF EAGLES, INC.



Principal Place of Business Mailing Address
 403 NEWMARKET ROAD P.O. BOX 5063 IMMOKALEE FL 33934

3. Date Incorporated or Qualified 04/09/1986
 3a. Date of Last Report 05/01/1995
 4. FEI Number 59-2528160
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

TAYLOR, EARL JR
 RT 1 BOX H
 SR 846
 IMMOKALEE FL 33934

10. Name and Address of New Registered Agent

81 Name Taylor, Earl Jr. - retained
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Registered Agent Retained
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

06/09/96
 DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	AYER, NORMAN	
STREET ADDRESS	1010 JEFFERSON AVE	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	KEENE, CHARLES	
STREET ADDRESS	802 TIPPIUS TERR	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	KIRK, VICTOR	
STREET ADDRESS	1112 N 11TH ST	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/>
NAME	LAWSON, RICHARD	
STREET ADDRESS	403 NEW MARKET RD	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/>
NAME	TAYLOR, EARL JR.	
STREET ADDRESS	RT 1 BOX H N/A	
CITY - ST - ZIP	IMMOKALEE FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	SHEPARD, JOHN	
STREET ADDRESS	P.O. BOX 5040, NA	
CITY - ST - ZIP	IMMOKALEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Martinez, Terry		
1.3 STREET ADDRESS	1420 N. Peach St.		
1.4 CITY - ST - ZIP	Immokalee, Fl. 33934		
2.1 TITLE	V.P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Allen, Robert C.		
2.3 STREET ADDRESS	Rt 41, Lot 18-A		
2.4 CITY - ST - ZIP	Immokalee, Fl. 33934		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Peel, Kelly		
3.3 STREET ADDRESS	607 43rd Blvd. West		
3.4 CITY - ST - ZIP	Palmetto, Fl. 34220		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Betancourt, Homen		
6.3 STREET ADDRESS	1205 Orchid St.		
6.4 CITY - ST - ZIP	Immokalee, Fl. 33934		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Lawson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/09/96 941/658-3505
 Date Daytime Phone #

CR2E037 (3/96)