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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morikoff
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
4. FEI Number 59-2528160 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 Country 28 Zip Country
24 25 29 30

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
TAYLOR, EARL JR. - RET
RT 1 BOX H
SR 848
IMMOKALEE FL 33934

10. Name and Address of New Registered Agent
81 Name RICHARD LAWSON
82 Street Address (P.O. Box Number is Not Acceptable) 403 N. Mkt. Rd
83
84 City Immokalee, FL 85 Zip Code 34142

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 *Richard D Lawson* (NOTE: Registered Agent signature required when reinstating) DATE 5-5-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ARMANDO, AYALA	
STREET ADDRESS	685 TIPPINS TERR	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHIPMAN, JERRY P	
STREET ADDRESS	100 SINGLETARY CIRCLE	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALSBURY, LESTER	
STREET ADDRESS	100 SINGLETARY CIR	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, RICHARD	
STREET ADDRESS	403 NEW MARKET RD	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, EARL JR.	
STREET ADDRESS	RT 1 BOX H N/A	
CITY-ST-ZIP	IMMOKALEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, ROBERT C	
STREET ADDRESS	RT1 BOX 18-A	
CITY-ST-ZIP	IMMOKALEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jerry Shipman	
1.3 STREET ADDRESS	100 Singletary Circle	
1.4 CITY-ST-ZIP	Immokalee, Fl. 34142	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brad Kszmarzick	
2.3 STREET ADDRESS	100 Singletary Circle #116	
2.4 CITY-ST-ZIP	Immokalee, Fl. 34142	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert D Garner	
5.3 STREET ADDRESS	616 108 St. N.	
5.4 CITY-ST-ZIP	Naples, Fl.	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 D Lawson* 4-20-98 941-657-2257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Date Daytime Phone # 0062650

CR2E037 (10/97)