

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90019 020 ****61.25

DOCUMENT # N14292
 1: Entity Name
4108 AERIE IMMOKALEE, FRATERNAL ORDER OF EAGLES, INC.



Principal Place of Business: **403 W N MARKET RD IMMOKALEE FL 34143**
 Mailing Address: **P.O. BOX 5063 IMMOKALEE FL 34143**

J4040074



MOORE CR2E037 (11/03)

2. Principal Place of Business: **403 W N. MKT. Road**
 Suite, Apt. #, etc.
 3. Mailing Address: **P.O. Box 5063**
 Suite, Apt. #, etc.

City & State: **Immokalee, Fl.**
 City & State: **Immokalee, Fl.**
 Zip: **34143** Country: **Collier**
 Zip: **34143** Country: **Collier**

4. FEI Number: **59-2528160**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAWSON, RICHARD
403 W N MARKET RD
IMMOKALEE FL 34142

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Richard D Lawson* **RICHARD D LAWSON** **4-7-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	GALLIMORE, KENNETH
STREET ADDRESS	PO BOX 362
CITY-ST-ZIP	IMMOKALEE FL 34143
TITLE	VP <input type="checkbox"/> Delete
NAME	SHIPMAN, JERRY
STREET ADDRESS	100 SINGLETARY CR
CITY-ST-ZIP	IMMOKALEE FL 34142
TITLE	D <input type="checkbox"/> Delete
NAME	AYALA, MATEO
STREET ADDRESS	207 WASHINGTON
CITY-ST-ZIP	IMMOKALEE FL 34142
TITLE	D <input type="checkbox"/> Delete
NAME	LAWSON, RICHARD
STREET ADDRESS	403 NEW MARKET RD
CITY-ST-ZIP	IMMOKALEE FL 34142
TITLE	D <input type="checkbox"/> Delete
NAME	COOK, RALPH
STREET ADDRESS	1731 BEACON POINT RD
CITY-ST-ZIP	PAHOKEE FL 33476
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Richard D Lawson* **RICHARD D LAWSON** **4-7-04** **239-652-2254**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #