

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14292

FILED  
Jan 08, 2011  
Secretary of State

**Entity Name:** 4108 AERIE IMMOKALEE, FRATERNAL ORDER OF EAGLES, INC.

**Current Principal Place of Business:**

403 E NEW MARKET ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 5063  
IMMOKALEE, FL 34143

**New Mailing Address:**

**FEI Number:** 59-2528160      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDERS, JULIUS H  
403 E MAIN STREET  
SUITE 2  
IMMOKALEE, FL 34142 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REYNA, ROY  
Address: 909 GLEN AVE  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: S  
Name: SANDERS, JULIUS  
Address: 403 E NEW MARKET ROAD  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: AYALA, MATEO  
Address: 207 WASHINGTON  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: BARNHART, BENNY  
Address: 105 S 6TH ST  
City-St-Zip: IMMOKALEE, FL 34142

Title: T  
Name: COOK, RALPH  
Address: PO BOX 5063  
City-St-Zip: IMMOKALEE, FL 34142

Title: D  
Name: LIGHTNER, DAVID  
Address: PO BOX 5189  
City-St-Zip: IMMOKALEE, FL 34143

I hereby 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 all other like empowered.

SIGNATURE: DAVID LIGNTHNER

D

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date