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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N93000002982 (7)**

1. Corporation Name

WEST ORANGE AERIE NO 4316 FRATERNAL ORDER OF EAGLES, INCORPORATED

Principal Place of Business	Mailing Address
12901 W. COLONIAL DR. WINTER GARDEN FL 34787	P.O. BOX 771154 WINTER GARDEN FL 34777-1154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/06/1993**
3a. Date of Last Report: **03/16/1994**
4. FEI Number: **59-3186607** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

STEWART, VERNON L
2312 CLARK ST.
BLDG. A, UNIT 8
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	STEWART, VERNON L	12 NAME		
STREET ADDRESS	6508 HILLTOP RD.	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	MORGAN, ROBERT	22 NAME		
STREET ADDRESS	349 N. CUMBERLAND AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL 34761	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	NOLAN, TERRY R	32 NAME	RICHARD H. LINDSEY	
STREET ADDRESS	13016 HARTLE RD.	33 STREET ADDRESS	P.O. BOX 1635 PR	
CITY-ST-ZIP	CLERMONT FL	34 CITY-ST-ZIP	WINTERGARDEN, FL. 34777	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	REVELS, JULIAN	42 NAME		
STREET ADDRESS	327 APOPKA ST.	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	~~DANO RIVERA~~ TRUSTEE	☑ Change ☐ Addition
NAME	CATRON, WILLIAM	52 NAME	DANO RIVERA	
STREET ADDRESS	6420 DELTA LEAH DR.	53 STREET ADDRESS	706 SOWDEN ST.	
CITY-ST-ZIP	ORLANDO FL 32818	54 CITY-ST-ZIP	OCOEE, FL. 34761	
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	BOWDEN, BUCK	62 NAME		
STREET ADDRESS	421/2 S. BOYD ST.	63 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787	64 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 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 H. LINDSEY Richard H. Lindsey 4/1/95 407-656-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000483