FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: 07/06/1993

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 Vernon Stewart VERNON STEWART 5-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	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	☐ DELETE	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	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LINDSEY, RICHARD H		32 NAME		
STREET ADDRESS	P O BOX 1635 N/A		33 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	RIVERIA, DANO		52 NAME		
STREET ADDRESS	706 SOUDEN ST		53 STREET ADDRESS		
CITY-ST-ZIP	OCOEE FL		54 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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		

CR2E037 (12/95)

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 Lindsey RICHARD LINDSEY 5-1-96 656-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #