2005 NOT-FOR-PROFIT CORPORATION

Sep 08, 2005 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N98000006163 09-08-2005 90067 043 ****70.00 1. Entity Name FRATERNAL ORDER OF EAGLES, INC. Principal Place of Business Mailing Address **5843 BRANNEN ROAD WEST 5843 BRANNEN ROAD WEST** 50065508 LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 08242005 CR2E037 (10/03) Chg-NP City & State Applied For City & State 4. FEI Number 59-3311257 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TARTAGLIA THOMAS O Box Number is Not Acceptable) 403 WHITTIER ST. DAVENPORT, FL 33896 , -, AKELAHO 8. The above named entity submits this statement for the purpose of changing its/registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TD Delete TITLE Z Change Addition TAMES R. ANDERSON 375 W BRANNEN RO 179 JACKEY, EARL NAME NAME STREET ADDRESS 3755 W. BRANNEN RD LOT 88 STREET ADDRESS LAKELAND, J.L. 378/3 CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP SD TITLE Delete TELF El-Change ☐ Addition TO BOVINO TA TARTAGLIA, THOMAS NAME NAME STREET ADDRESS 403 WHITTIER ST. STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33896 CITY-ST-ZIP ∠ Change TITLE 2 Delete TITLE TOANBARCH CONNEWMENCHE ■ Addition RITTER, WAYNE NAME NAME STREET ADDRESS 4240 HOMEWOOD LN STREET ADDRESS LAKELAND, FL 33811 CITY-ST-ZIP CITY-ST-7IP TIFLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME

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 reports 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 of 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

TFTLE

NAME

OSINO 9-6-05 863-646-42

☐ Addition

Change |

FILED