2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90145 005 ****61.25

DOCUMENT # N98000006163

1. Entity Name
FRATERNAL ORDER OF EAGLES, INC.

Principal Place of Business	Mailing Address
5843 BRANNEN ROAD WEST LAKELAND FL 33813	5843 BRANNEN ROAD WEST LAKELAND FL 33813

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3311257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALONE, THERESA J 5843 BRANNEN ROAD WEST LAKELAND FL 33813	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 _____
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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MALONE, THERESA J. 6961 WHIDDEN ST BRADLEY FL 33835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~LEY, SANDRA K~~ ~~2577 MCINTOSH DR~~ ~~LAKELAND FL 33815~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOSEPHINE BRANCH 375 BRANNEN RD LAKELAND, FL 33813	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~MAGUIRE, JOHN T~~ ~~375 BRANNEN RD W LOT #81~~ ~~LAKELAND FL 33813~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRY MALONE P.O. BOX 396 BRADLEY, FL 33835	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

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: Theresa J Malone 4/4/03 863-428-1195