

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736482

**FILED**  
**Jun 11, 2020**  
**Secretary of State**  
**0931774414CC**

**Entity Name:** FRATERNAL ORDER OF EAGLES LAKE WORTH AERIE #3694  
INC.

**Current Principal Place of Business:**

2101 LAKE WORTH ROAD  
LAKE WORTH, FL 33461

**Current Mailing Address:**

P.O. BOX 6647  
LAKE WORTH, FL 33466 US

**FEI Number: 51-0193468**

**Certificate of Status Desired: No**

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

LUCE, DEAN C  
2101 LAKE WORTH ROAD  
LAKE WORTH, FL 33461 US

*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: DEAN C. LUCE

06/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAHONEY, SEAN M  
Address        2101 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title            SECRETARY  
Name            LUCE, DEAN C  
Address        2101 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title            TREASURER  
Name            LAWRENCE, DAVE S  
Address        2101 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title            TRUSTEE  
Name            BAYLESS , RICHARD  
Address        2101 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title            TRUSTEE  
Name            HURLEY, HOOVER  
Address        2101 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title            TRUSTEE  
Name            WRIGHT, BOB  
Address        2101 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title            VP  
Name            KAMPEN, NEIL  
Address        2101 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

*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: DEAN C LUCE

SECRETARY

06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date