

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736482

**FILED**  
**Jan 12, 2016**  
**Secretary of State**  
**CC0337488575**

**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:**

2101 LAKE WORTH ROAD  
LAKE WORTH, FL 33461

**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**

**01/12/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           MILLING, JAMES DUSTIN JR.  
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           MEDELIN, LUKE  
Address        2101 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title           TRUSTEE  
Name           HENRIKSEN, BILL  
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 HARVEY  
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**

**01/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date