

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14292

**FILED**  
**May 26, 2015**  
**Secretary of State**  
**CC1931360752**

**Entity Name:** 4108 AERIE IMMOKALEE, FRATERNAL ORDER OF EAGLES, INC.

**Current Principal Place of Business:**

403 W NEW MARKET RD  
IMMOKALEE, FL 34142

**Current Mailing Address:**

P.O.BOX 5063  
IMMOKALEE, FL 34143

**FEI Number:** 59-2528160

**Certificate of Status Desired:** No

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

SANDERS, JULIUS H  
1817 PAUL ST.  
SUITE 2  
FORT MYERS, FL 33901 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name COURTRIGHT, MARVIN  
Address 261 MATECUMBE LN  
City-State-Zip: NAPLES FL 34114

Title S  
Name SANDERS, JULIUS  
Address 403 W NEW MARKET RD  
City-State-Zip: IMMOKALEE FL 34142

Title D  
Name THOMAS, CARL  
Address P.O. BOX 202  
City-State-Zip: FELDA FL 33930-0202

Title T  
Name COOK, RALPH  
Address 13433 LAMIRADA CR.  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name LIGHTNER, DAVID  
Address PO BOX 5189  
City-State-Zip: IMMOKALEE FL 34143

*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:** JULIUS SANDERS

**AGENT**

**05/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date