

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# 712317

Entity Name: CHARLOTTE CO. EAGLES AERIE INC.

Current Principal Place of Business:

23111 HARBORVIEW RD.
CHARLOTTE HARBOR, FL 33980

New Principal Place of Business:

Current Mailing Address:

23111 HARBORVIEW RD.
CHARLOTTE HARBOR, FL 33980

New Mailing Address:

FEI Number: 23-7160748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRATERNAL ORDER EAGLES, #3296
23111 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOWE, DAVID C
Address: 2294 PRAGUE LANE
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: D () Delete
Name: BEDNARCHICK, DON
Address: 3278 JACKSON ST.
City-St-Zip: CHARLOTTE HARBOR, FL

Title: D () Delete
Name: SHARRER, MARCUS
Address: 1711 BOCA RATON ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: D (X) Delete
Name: HUNTER, RUSS
Address: 1512 RIO DE JANIERO AVE.
City-St-Zip: PUNTA GORDA, FL

Title: S () Delete
Name: DEBRAY, THOMAS H
Address: 3463 DESOTO DRIVE
City-St-Zip: PUNTA GORDA, FL 339833525

Title: D () Delete
Name: ANDERSON, DEBBIE
Address: 4806 SW COUNTY RD, #769
City-St-Zip: ARCADIA, FL 34269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, PAUL G
Address: 4806 SW COUNTY RD. #769
City-St-Zip: ARCADIA, FL 34269

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS H. DEBRAY

RA

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date