


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90225 026 \*\*\*\*61.25

**DOCUMENT # 723773**

1. Entity Name  
**GREATER CLEARWATER AERIE NO. 3452, FRATERNAL ORDER OF EAGLES, INC.**



Principal Place of Business  
**AL ORDER OF EAGLES, INC.  
 1485 GULF TO BAY BLVD.  
 CLEARWATER, FL 33515**

Mailing Address  
**AL ORDER OF EAGLES, INC.  
 1485 GULF TO BAY BLVD.  
 CLEARWATER, FL 33515**

**60043025**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**23-7179824**


Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WHITEBORN, DAVID A  
 2162 WATERSIDE DR  
 CLEARWATER, FL 33764 - 6659**

7. Name and Address of New Registered Agent  
 Name **David A. Whitehorn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2162 WATERSIDE DR**  
**CLWTR, FL 33764 - 6659**  
 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  **David A. Whitehorn** DATE **4-24-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WINTON, JAMES 1737 SHERWOOD STREET CLEARWATER, FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SZALA, RIC 337 ELIZABETH AVE. CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, JOHN ROBERT 1348 LOTUS PATH CLEARWATER, FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITEHORN, DAVID A 2162 WATERSIDE DR CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN, ALAN 2420 GLEN ANN DR CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WATSON, RANDY 1627 CLEARVIEW CLEARWATER, FL 33756	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ART KOLLMAN 1167 TURNER ST # 101 CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK TURNER 436 ORANGEWOOD DR. DUNEDIN, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** **David A. Whitehorn**  DATE **4/24/07** (227) 461-1954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR