
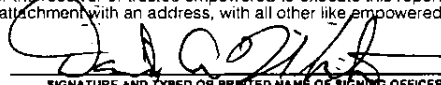


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90081 023 \*\*\*\*70.00

<b>DOCUMENT # 723773</b> 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Clearwater F.O.E. 3452</b>			
City & State		City & State <b>1485 Gulf To Bay Blvd. Clearwater, FL 33755-5320</b>			
Zip	Country	Zip	Country	4. FEI Number <b>23-7179824</b>	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITEHORN, DAVID A 2162 WATERSIDE DR CLEARWATER, FL 33764			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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 KOLLMAN, ART 1167 TURNER ST #101 CLEARWATER, FL 33756	<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 TURNER, MARK 436 ORANGEWOOD DR DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WATSON, RANDY 1627 CLEARVIEW CLEARWATER, FL 33756	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>LENTS, ROBERT DWAIN</b> <b>990 8TH AVE N.E.</b> <b>LARGO, FL 33770</b>				
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.					
<b>SIGNATURE:</b> 		<b>David A. Whitehorn</b>		<b>4-18-08 (227)461-1954</b>	
<small>SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					