



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90070 050 ****61.25

DOCUMENT # 726885 1. Entity Name FRATERNAL ORDER OF EAGLES, FIVE FLAGS AERIE NO. 3483, F.O.E. PENSACOLA, FLORIDA, INC.					
Principal Place of Business 105 KENMORE ROAD PENSACOLA, FL 32503			Mailing Address PO BOX 68 CANTONMENT, FL 32533-0068		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7365428	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIGGINS, ROBERT L 83-A COWETA ROAD CANTONMENT, FL 32533				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Robert L. Wiggins</i> <small>Signature, typed or printed name of registered agent and if applicable.</small> </div> <div style="width: 30%; text-align: center;"> ROBERT L. WIGGINS SEC <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 1-9-04 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, JOHN A PO BOX 37521 PENSACOLA, FL 325260521		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BAILEY, JOHN A. 5027 SKY LARK CT PENSACOLA, FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, ED J 4152 5TH AVENUE PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE STEIN, ED J. PO. BOX 15043 PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASKO, JOHN 4307 BAYOU RIDGE ROAD PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE MITCHELL, CHARLES E. 765 NEAL ROAD CANTONMENT, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTULLO, WALLACE S 82 MONARCH LN PENSACOLA, FL 32504		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ELBE, EDWARD J. 6530 N. PALA FOX PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIGGINS, ROBERT L 83-A COWETA ROAD CANTONMENT, FL 32533		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE GUNNELSON, RICHARD 8084 N. DAVIS HWY #310 PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECK, MAYNARD 24711 COUNTRY RD. ELBERTA, AL 36530				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Robert L. Wiggins</i> SEC ROBERT L. WIGGINS 1-9-04 850-968-1527 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					