

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90096 012 ****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**

00011700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7365428

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when filing.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **P** ☐ Delete
NAME **BAILEY, JOHN A**
STREET ADDRESS **5027 SKY LAKE CT**
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE **T** ☐ Delete
NAME **STEIN, ED J**
STREET ADDRESS **P.O. BOX 15043**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **T** ☐ Delete
NAME **MITCHELL, CHARLES E**
STREET ADDRESS **765 NEAL ROAD**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **V** ☒ Delete
NAME **ELBE, EDWARD J**
STREET ADDRESS **6535 N. PALA FOX**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **S** ☐ Delete
NAME **WIGGINS, ROBERT L**
STREET ADDRESS **83-A COWETA ROAD**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **T** ☐ Delete
NAME **GUNWELSON, RICHARD**
STREET ADDRESS **8084 N. DAYS HWY #310**
CITY-ST-ZIP **PENSACOLA, FL 32514**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PAST PRES** ☒ Change ☐ Addition
NAME **BAILEY, JOHN A**
STREET ADDRESS **5410 EMPIRE DR LOT D**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MITCHELL, CHARLES E**
STREET ADDRESS **765 NEAL ROAD**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **TRUSTEE** ☐ Change ☒ Addition
NAME **MAYNARD, BECK**
STREET ADDRESS **8150 N. PALA FOX LOT 13**
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #