


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 031 ****61.25

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|---|--|--|--|---|--|
| DOCUMENT # 727791 1. Entity Name FLORIDA EAGLE FORUM, INC. | | | |  | |
| Principal Place of Business 3095 KENNESAW ST FORT MYERS, FL 33916 US | | | Mailing Address 3095 KENNESAW ST FORT MYERS, FL 33916 US | | |
| 2. Principal Place of Business 3160 KUTAK RD Suite, Apt. #, etc. | | | 3. Mailing Address 3160 KUTAK RD Suite, Apt. #, etc. | | |
| City & State FT MYERS FL | | City & State FT MYERS FL | | 4. FEI Number 23-7410309 | |
| Zip 33916 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOORE, LANNY W SR 3095 KENNESAW ST FORT MYERS, FL 33916 | | | 7. Name and Address of New Registered Agent Name LANNY W. MOORE SR Street Address (P.O. Box Number is Not Acceptable) 3160 KUTAK RD City FT MYERS FL Zip Code 33916 | | |
| 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 LANNY W MOORE PRES <i>[Signature]</i> 3/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing <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 | S RAMSEUR, MARJORIE 3733 RIVER HALL DR JACKSONVILLE, FL 32217 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERRITT, ELAINE 276 TIMBERLANE RD TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUSCO, BARBARA 7164 ST. ANDREWS RD. LAKE WORTH, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRAVIDO, CAROL 13412 ASHCROFT LANDING CT JACKSONVILLE, FL 32225 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIFFIN, CAROLE 2601 KILLARNEY WAY TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOORE, LANNY 3095 KENNEGAW NST FORT MYERS, FL 33916 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LANNY W. MOORE 3160 KUTAK RD FT MYERS, FL 33916 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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>[Signature]</i> LANNY W MOORE, PRES 3/7/05 239 337-1123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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