

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730073

FILED
Aug 28, 2007
Secretary of State

Entity Name: FRATERNAL ORDER OF EAGLES OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

5201 BROADWAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5201 BROADWAY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 23-7365046 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, MARK
533 32ND ST
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRIAL, CHARLES
Address: 619 49TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: COBURN, ARTHUR,
Address: 5082 PAT PL
City-St-Zip: W PALM BCH, FL 33407

Title: P () Delete
Name: BROSIUS, DONALD
Address: 616 51ST STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: MOORE, MARK
Address: 533 32ND STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A, MOORE

SD

08/28/2007

Electronic Signature of Signing Officer or Director

Date