FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 731404 (0)

1. Corporation Name

FRATERNAL ORDER OF EAGLES, SPACEPORT AERIE 3581, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3510 SOUTH STREET (HWY 405) P.O. BOX 5237 TITUSVILLE FL 32783-5237	3510 SOUTH STREET (HWY 405) P.O. BOX 5237 TITUSVILLE FL 32783-5237

3. Date Incorporated or Qualified: 12/17/1974
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-1793654 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLAY, R. L.
3216 SOUTH HOPKINS AVENUE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: KENT NEHRAN
82 Street Address (P.O. Box Number is Not Acceptable): 1815 COWAN DR
83
84 City: TITUSVILLE FL 85 Zip Code: 32796

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Norman Nehrt — DATE: 4-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	GRAFING, ROBERT A	12 NAME	FRANK ELDER	
STREET ADDRESS	11 PATRICIA LANE	13 STREET ADDRESS	2043 SHERRY ST	
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	Titusville FL 32780	
TITLE	P	21 TITLE	P	☒ Change ☐ Addition
NAME	RIDDLE, WILLIAM	22 NAME	BRAD GRAFING	
STREET ADDRESS	800 GLADE ROAD	23 STREET ADDRESS	4795 COCONNUT DR	
CITY-ST-ZIP	TITUSVILLE FL	24 CITY-ST-ZIP	Titusville FL 32780	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	FLANNERY, WILLIAM V.M.	32 NAME	MARK WOHLFORTH	
STREET ADDRESS	830 HILLCREST AVE.	33 STREET ADDRESS	665 JANA DR	
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP	Titusville FL 32780	
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	GRAFING, BRAD	42 NAME	JAMES EGEBRECHT	
STREET ADDRESS	610 TROPIC STREET	43 STREET ADDRESS	4000 CLAREWOOD BLVD	
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP	Titusville FL 32796	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	JONES, RALPH	52 NAME	KARL KOHLSCHEEN	
STREET ADDRESS	3920 BRAMBLEWOOD LN	53 STREET ADDRESS	490 KEY RD	
CITY-ST-ZIP	TITUSVILLE FL	54 CITY-ST-ZIP	Titusville FL 32780	
TITLE	V	61 TITLE	V	☒ Change ☐ Addition
NAME	WOHLFORTH, MARK	62 NAME	ROBERT DAVIS	
STREET ADDRESS	665 JANA DRIVE	63 STREET ADDRESS	440 N. DIXIE AVE	
CITY-ST-ZIP	TITUSVILLE FL	64 CITY-ST-ZIP	Titusville FL 32796	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark J Wohlforth — MARK J WOHLFORTH — 4-24-95 — (407)-269-3272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032607