

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **731404** (0)

1. Corporation Name

**FRATERNAL ORDER OF EAGLES, SPACEPORT AERIE 3581, INC.**



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  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINT, NORMAN  
1815 COWAN DR  
TITUSVILLE FL 32796

81

Name

**JAMES H CHAPMAN**

82

Street Address (P.O. Box Number is Not Acceptable)

**568 GARDENIA CIR**

83

City

**TITUSVILLE, FL. 32796**

84

City

FL

85

Zip Code

**32796**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*James H. Chapman*

**JAMES H. CHAPMAN TRUSTEE**

**2/6/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELDER, FRANK	
STREET ADDRESS	2043 SHERRY ST	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EGEBRECHT, JAMES	
STREET ADDRESS	400 CLARE WOOD BLVD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOHLSCHEEN, KARL	
STREET ADDRESS	490 KEY RD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRAFING, BRAD	
STREET ADDRESS	4795 COCOANUT DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT	
STREET ADDRESS	440 N DIXIE AVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOHLFORTH, MARK	
STREET ADDRESS	665 JANA DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>P</b>
1.2 NAME	<b>CHAPMAN, JAMES H.</b>
1.3 STREET ADDRESS	<b>568 GARDENIA CIR</b>
1.4 CITY-ST-ZIP	<b>Titusville, FL 32796</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAME</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	<b>KING, DAVID</b>
3.4 CITY-ST-ZIP	<b>524 MENDEL LN</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TUCKER, THOMAS G.</b>
4.3 STREET ADDRESS	<b>7240 FREEPORT RD</b>
4.4 CITY-ST-ZIP	<b>CUCOA, FL 32927</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SAME</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SAME</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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**

**4-20-96**

**407-268-3272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)