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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32783-52373510 SOUTH STREET (HWY 405)
P.O. BOX 5237
TITUSVILLE FL 32783-52373. Date Incorporated or Qualified
12/17/19743a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
59-1793654Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, JAMES H.
568 GARDENIA CIRCLE
TITUSVILLE FL 32796

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME CHAPMAN, JAMES H
STREET ADDRESS 568 GARDENIA CIRCLE
CITY - ST - ZIP TITUSVILLE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE T ☐ DELETE
NAME EGEBCRECHT, JAMES
STREET ADDRESS 400 CLARE WOOD BLVD
CITY - ST - ZIP TITUSVILLE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME KING, DAVID
STREET ADDRESS 524 MENDEL LANE
CITY - ST - ZIP TITUSVILLE FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME TR
3.3 STREET ADDRESS FLOYD H. HERGENY
3.4 CITY - ST - ZIP 2206 KNOX MCRAE DR #8
TITUSVILLE, FL 32780TITLE P ☐ DELETE
NAME TUCKER, THOMAS
STREET ADDRESS 7240 FREEPORT ROAD
CITY - ST - ZIP COCOA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE V ☐ DELETE
NAME DAVIS, ROBERT
STREET ADDRESS 440 N DIXIE AVE
CITY - ST - ZIP TITUSVILLE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE S ☐ DELETE
NAME WOHLFORTH, MARK
STREET ADDRESS 665 JANA DRIVE
CITY - ST - ZIP TITUSVILLE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 Wohlforth
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

SECRETARY

2-20-97

Date

407-267-2430

Daytime Phone # 0018217

CR2E037 (9/96)