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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-1793654

Applied For

Not Applicable

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

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 ☐ DELETE

NAME D
STREET ADDRESS CHAPMAN, JAMES H
CITY-ST-ZIP 568 GARDENIA CIRCLE
TITUSVILLE FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS EGBRECHT, JAMES
CITY-ST-ZIP 400 CLARE WOOD BLVD
TITUSVILLE FL

TITLE ☐ DELETE

NAME TR
STREET ADDRESS HEGENTY, FLOYD H
CITY-ST-ZIP 205 KNOX MCRAE DR #8
TITUSVILLE FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS TUCKER, THOMAS
CITY-ST-ZIP 7240 FREEPORT ROAD
COCOA FL

TITLE ☐ DELETE

NAME V
STREET ADDRESS DAVIS, ROBERT
CITY-ST-ZIP 440 N DIXIE AVE
TITUSVILLE FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS WOHLFORTH, MARK
CITY-ST-ZIP 665 JANA DRIVE
TITUSVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 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 Wohlforth 4-30-98 407-267-2430

CR2E037 (10/97)