2000 ANNUAL BUSINESS REPORT (NBR)

2/10/00-90062-022-$61.25-$61.25

DOCUMENT # 731404

1. Entity Name

FRATERNAL ORDER OF EAGLES, SPACEPORT AERIE 3581,

FILED
00 MAR 21 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3510 SOUTH STREET (HWY 405) P.O. BOX 5237 TITUSVILLE FL 32780-5237	3510 SOUTH STREET (HWY 405) P.O. BOX 5237 TITUSVILLE FL 32780-5237

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1793654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPMAN, JAMES H. 568 GARDENIA CIRCLE TITUSVILLE FL 32796	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D' CALDWELL, RICHARD P O BOX 789 GENEVA FL 32732-0789 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE KENNETH UPTHEGROVE T 2182A KAY McRAE DR TITUSVILLE, FL 32780-5259 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, ROBERT M 8140 ARGYLE RD TITUSVILLE FL 32796 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D ROBERT M. SMITH 8140 ARGYLE RD TITUSVILLE, FL 32796 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BUTLER, DALLAS 3560 BARNA TITUSVILLE FL 32780 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRAFING, CHRISTIAN R SR 16 PATRICIA LANE TITUSVILLE FL 32780 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAST PRESIDENT CHRISTIAN R. GRAFING, SR. T 16 PATRICIA LANE TITUSVILLE, FL 32780 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAMPTON, EDWARD A P. O. BOX 105 TITUSVILLE FL 32780 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CHRISTIAN R. GRAFING, SR. D 16 PATRICIA LANE TITUSVILLE, FL 32780 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LONG, OWIS B 1322 BONNEAU BLVD CHRISTMAS FL 32709 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP ☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWIS B LONG Leg 4/Feb/00 321-267-2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #