

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90022 037 ****61.25

DOCUMENT # 731404

1. Entity Name

FRATERNAL ORDER OF EAGLES, SPACEPORT AERIE
3581, INC.



Principal Place of Business

FOE 3581
P.O. BOX 5237
TITUSVILLE FL 32780

Mailing Address

FOE 3581
P.O. BOX 5237
TITUSVILLE FL 32780

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

BUTLER, DALLAS
3550 BARNA AVE
TITUSVILLE FL 32780

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME GRAFING, CHRISTIAN R DR
STREET ADDRESS 16 PATRICIA LANE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE **RPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PPD** ☒ Delete
NAME WALDEN, RAY
STREET ADDRESS 137 SEMINOLE STREET
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE **PD** ☐ Change ☐ Addition
NAME TIMOTHY SHAFER
STREET ADDRESS 3555 SABLE PALM LN APT L
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE **SD** ☒ Delete
NAME RUSHER, DALLAS
STREET ADDRESS 3510 SOUTH ST.
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE **SD** ☒ Change ☐ Addition
NAME DALLAS BUTLER
STREET ADDRESS 3550 BARNA AVE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE **T** ☒ Delete
NAME BOLLES, GEORGE
STREET ADDRESS 3410 FOOLAKE ROAD
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE **T** ☐ Change ☐ Addition
NAME WILLIAM PLANNERY
STREET ADDRESS 830 HILLCREST AVE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE **T** ☒ Delete
NAME ADAMS, MIKE
STREET ADDRESS 6710 SOUTH FORK
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE **T** ☐ Change ☐ Addition
NAME HENRY ADAMS
STREET ADDRESS 2467 S WASHINGTON AVE 104B
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE **T** ☒ Delete
NAME MYRICK, CARLIE
STREET ADDRESS 3510 SOUTH ST.
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE **T** ☐ Change ☐ Addition
NAME LARRY GREGORY
STREET ADDRESS 2200 MAYFAIR WAY APT 3
CITY-ST-ZIP TITUSVILLE FL 32796

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: *Dallas Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALLAS BUTLER 3-9-04 321-267-2430

Date

Daytime Phone #