

2007 NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90041 043 ****61.25

DOCUMENT # 734844

1. Entity Name

LOCKHART AERIE, FRATERNAL ORDER OF EAGLES # 3643, INC.



Principal Place of Business

4720 CLARCONA-OCOEE ROAD
P.O. BOX 608044
ORLANDO FL 32810

Mailing Address

P.O. BOX 608044
ORLANDO FL 32860
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

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

**JACKSON, JOSEPH E
6102 BROOKHILL CIR
ORLANDO FL 32810**

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, 2007**

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

TITLE SD ☐ Delete
NAME JACKSON, JOSEPH E
STREET ADDRESS 6102 BROOKHILL CIR
CITY-ST-ZIP ORLANDO FL 32810

TITLE P ☒ Delete
NAME AYERS, MARTY L.
STREET ADDRESS 1401 N. HUDSON STREET
CITY-ST-ZIP ORLANDO FL 32808

TITLE T ☐ Delete
NAME BOUHER, STEVEN R.
STREET ADDRESS 3428 BEACHWOOD DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE T ☐ Delete
NAME PIPKIN, JOHN S.
STREET ADDRESS 4705 CARMEL STREET
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME MITCHELL, WILLIAM E.
STREET ADDRESS 145 GEM LAKE DR.
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Joseph E. Jackson

JOSEPH E. JACKSON

4/23/07

407-291-6440