FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

736223 DOCUMENT #

1. Corporation Name

(9)

FRATERNAL ORDER OF EAGLES GOLD COAST AERIE #3700 INC.

Principal Place of Business Mailing Address										
•				,						
560 N E 36TH OAKLAND FL		560 N E 36TH ST OAKLAND FL 33334								
ONNEARD TE	33334	ONICARD TE 33334						. <u></u>		
						3.	Date Incorporated or Qualified 06/28/1976		of Last I 4/10/19	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number			Applied For
21		26			59-1713915 Not Applicable					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	П		Additional	
22		27							Fee F	Required
City & State	е	City & State				6.	Election Campaign Financing			May Be
23		28	- 				Trust Fund Contribution			to Fees
Ζιρ	Country	Zip	-	untry		8.	This corporation has liability for in			199.032,
24	25	29	30	т				Yes 🗆 I		
	9. Name and Address of Currer	it Registered Agent		81	Mana	10	Name and Address of New Re	gistereo A	gent	
011100	LAON			""	Name					
SLUGG, JACK 560 NE 36TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)						
									· · · · · · · · · · · · · · · · · · ·	
UAKLAN	D PARK FL 33334		83							
				84	City			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508. Florida Statut	es, the abo	Zve·ni	amed co	rporation s	submits this statement for the pure		oina its re	eoistered office
or register	red agent, or both, in the State of Flori th, and accept the obligations of Sect	da. Such change was authoriz	ed by the	corpo	oration's l	poard of d	irectors. I hereby accept the appo	intment as r	egistered	agent. I am
		ion a 17.0503, Florida Statutes	i.					_		
SIGNATURE	TACK SLUGG OF Signature, typed or printed name of registered agent	and tille if applicable (NC	TE: Registered	1 Apent	s:onature: re	o ired when r	einstahnol	4-4-9	$\boldsymbol{\varphi}_{\dots}$	··
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFFE	CERS AND I	DIRECTO	RS IN 12
TIFLE	PD	DELETE	1.1 T	HLE	Ĭ	•] Change	Addition
NAME	FORS, RON, R	_	1.2 N	IAME				_	•	_
STREET ADDRESS	6431 N.W. 34TH AVE				ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL			ITY-ST						
TITLE	TD	DELETE	2 1 Tri		- 211			<u> </u>	1 Change	Addition
NAME	KAYSER, WILBUR			2 2 NAME				_	, v	
	5225 N.E. 1ST AVE				*000000					
STREET ADDRESS	FT.LAUDERDALE FL				ADDRESS					
CITY-ST-ZIP	PP PP	Moti tit		CHY-S'	T-ZIP				change	☐ Addition
TITLE	PELOTT, DAVE	DELETE	3 1 T					Ц	Pollarige	☐ Addition
NAME			32 N							
STREET ADDRESS	1702 N.W. 45TH COURT				ADDRESS					
CITY-ST-ZIP	TAMARAC FL	E2 ne. ere		CITY-SI	T - ZIP				100.	
TITLE	SD	₹ DELETE	4 1 T			ತರ		is.	Change	☐ Addition
NAME	KNISELY, WILLIAM		4 2 1			VIR	GIL KINDAID			
STREET ADDRESS	918 N.W. 14TH ST.		4 3 S	TREET	ADDRESS	378	9 N. DIXIE HWY.			
CITY-ST-ZIP	FT LAUDERDALE FL			ITY-SI	- ZIP	OAK	LAND PARK FL. 3			
TITLE	VP	⊠ DEFEIE	5 1 T	ITLE		YP			err ange	Addition
NAME	SMITH, ART		52 N	IAME	l	W 10	liam Hennebe	rry		
STREET ADDRESS	1441 N.W. 3RD AVE		53S	TREE1 A	ADDRESS	683	10 S.W. 8 OT	_		
CITY-ST-ZIP	FT LAUDERDALE FL		54C	ITY-ST	-ZiP	N.L	AUDERTALE, FL. 3	3068		
TITLE	CD	DELETE	611	IILE			7] Change	☐ Addition
NAME	BOUTIN, ROLAND		62 N	IAME	ļ					
STREET ADDRESS	2756 N.E.27TH AVE.				ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE PT. FL			ITY-ST	i					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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: JACK SLUGG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

954-565-6605