FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # 736223 (9)

1. Corporation Name
FRATERNAL ORDER OF EAGLES GOLD COAST AERIE #3700 INC.

Principal Place of Business	Mailing Address
560 N E 36TH ST OAKLAND FL 33334	560 N E 36TH ST OAKLAND FL 33334

3. Date Incorporated or Qualified: 06/28/1976
4. FEI Number: 59-1713915 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SLUGG, JACK
560 NE 36TH STREET
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name: FORS, RONALD R
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6431 NW 34TH AVE
84 City: FT LAUDERDALE FL 85 Zip Code: 33309

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: Ronald R. Fors 17 JAN 98
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	PD	☒ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	FORS, RON, R		1.2 NAME		
STREET ADDRESS	6431 N.W. 34TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KAYSER, WILBUR		2.2 NAME		
STREET ADDRESS	5225 N.E. 1ST AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	PP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PELOTT, DAVE		3.2 NAME		
STREET ADDRESS	1702 N.W. 45TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VIRGIL KINCAID		4.2 NAME		
STREET ADDRESS	3789 N DIXIE HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL		4.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM HENNEBERRY		5.2 NAME		
STREET ADDRESS	6830 SW 8 CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	N LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BOUTIN, ROLAND		6.2 NAME		
STREET ADDRESS	2756 N.E.27TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT. FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Ronald R. Fors SIGNATURE REQUIRED Secretary 17 JAN 98 954 565-6606