

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90024 047 ****61.25

DOCUMENT # 736223 1. Entity Name FRATERNAL ORDER OF EAGLES GOLD COAST AERIE #3700 INC.					
Principal Place of Business 560 N E 36TH ST OAKLAND, FL 33334			Mailing Address 560 N E 36TH ST OAKLAND, FL 33334		
2. Principal Place of Business - No P.O. Box # 560 NE 36TH ST		3. Mailing Address Same			
Suite, Apt. #, etc. OAKLAND PARK		Suite, Apt. #, etc. 			
City & State FL		City & State 			
Zip 33334	Country USA	Zip 	Country 	4. FEI Number 59-1713915	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FORS, RONALD R 6431 NW 34TH AVE FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Anthony P Piccuito Street Address (P.O. Box Number is Not Acceptable) 401 NE 28 Drive City WILTON MANORS FL Zip Code 33558		
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 <u><i>Anthony P Piccuito</i></u> Anthony P Piccuito <u>3/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD FORS, RON, R 6431 N.W. 34TH AVE FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ROBERT CAUDILL 3460 Powerline Rd. Ft Laud. FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD UPHOLD, MARLIN 3540 NE 1 TERRACE #1 OAKLAND PK, FL 33334	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP LEE DeLORME 20 NE 57th St. Ft Laud FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP PELOTT, DAVE 1702 N.W. 45TH COURT TAMARAC, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ANTHONY P PICCUTO 401 NE 28 Drive WILTON MANORS FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABOURIN, LEO 2505 NW 49 COURT TAMARAC, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea Vernon PAIT 2800 NW 46th St OAKLAND PARK FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 Chapter 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: <u><i>Anthony P Piccuito</i></u> Anthony P Piccuito <u>3/12/07</u> <u>5545615835</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					