
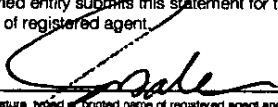



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90026 049 \*\*\*\*61.25

<b>DOCUMENT # 736482</b> 1. Entity Name <b>FRATERNAL ORDER OF EAGLES LAKE WORTH AERIE #3694 INC.</b>					
Principal Place of Business <b>2101 LAKE WORTH ROAD PO BOX 6647 LAKE WORTH, FL 33461</b>			Mailing Address <b>2101 LAKE WORTH ROAD PO BOX 6647 LAKE WORTH, FL 33461</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BAHR, EDWARD J JR 2970 ASHLEY DR E VILLA D WEST PALM BCH, FL 33415</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 		<b>EDWARD J. BAHR JR Secretary</b> <b>7/11/05</b> <small>(NOTE: Registered Agent signature required when renesting)</small>			
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WRIGHT, ROBERT 2021 LAKE WORTH RD LAKE WORTH, FL 33481</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MILLING, DUSTIN 6437 CYPRESS LN LANTANA, FL 33462</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RUDELL, DAVID 27 DETROIT ST LAKE WORTH, FL 33481</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ALDOUS, GARY 4424 MARILYN DR E PALM SPRINGS, FL 33461</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAMBERS, LARRY 2460 WATERSIDE CIRCLE LAKE WORTH, FL 33481</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RUDELL, DAVID 3014 SCANLAN AVE LAKE WORTH, FL 33461</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D UNDERWOOD, LOYD 2051 LAKE WORTH RD LAKE WORTH, FL 33461</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D UNDERWOOD, LOYD 37037 EXUMA BAY BOYNTON BEACH, FL 33436</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BAHR, EDWARD 2970 ASHLEY DR E WEST PALM BEACH, FL 33415</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALIN FIELD, ARTHUR 3909 LOUIS DR LAKE WORTH, FL 33461</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILD, ROGER 910 DREW ST LANTANA, FL 33462</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HENRIKSEN, WILLIAM 915 No. D ST LAKE WORTH, FL 33460</b>	
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.					
<b>SIGNATURE:</b> 			<b>E.J. BAHR</b> <b>7/11/05</b> <b>561-556-553</b> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		

**50056302**



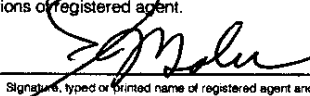



07082005 Chg-NP CR2E037 (10/03)

4. FEI Number **51-0193468** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 736482</b>					
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		ATTACHMENT 50056302 	
City & State		City & State		<b>4. FEI Number</b> 51-0193468	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BAHR, EDWARD J JR 2970 ASHLEY DR E VILLA D WEST PALM BCH, FL 33415				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
SIGNATURE  EDWARD J. BAHR JR Secretary 7/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, ROBERT 2021 LAKE WORTH RD LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LEON 58 ABACO DR. PALM SPRINGS, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP RUDELL, DAVID 27 DETROIT ST LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, LARRY 2460 WATERSIDE CIRCLE LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D UNDERWOOD, LOYD 2051 LAKE WORTH RD LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S BAHR, EDWARD 2970 ASHLEY DR E WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D HILD, ROGER 910 DREW ST LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE:  E.J. BAHR 7/11/05 561-586-5333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					