

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **739107** (1)

1. Corporation Name

**FRATERNAL ORDER OF EAGLES GREATER MIAMI AERIE #3  
632, INC.**



Principal Place of Business

10755 SW 190TH ST.  
SUITE 65  
MIAMI FL 33157  
US

Mailing Address

10755 SW 190TH ST.  
SUITE 65  
MIAMI FL 33157  
US

3. Date Incorporated or Qualified  
**05/19/1977**

3a. Date of Last Report  
**07/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**51-0153195**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAMBIER, MARK  
4412 SW 7TH AVE.  
MIAMI FL 33155**

81 Name

**MAGEE, RICHARD**

82 Street Address (P.O. Box Number is Not Acceptable)

**20625 MARLIN RD.**

83

84 City

**MIAMI**

**FL**

85 Zip Code  
**33189**

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 of both, 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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-25-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRAMBIER, MARK</b>	
STREET ADDRESS	<b>8911 SW 197 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARMSTRONG, ROBERT</b>	
STREET ADDRESS	<b>10521 SW 161ST ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGEE, RICHARD</b>	
STREET ADDRESS	<b>20625 MARLIN RD.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCADAMS, RICHARD JR</b>	
STREET ADDRESS	<b>15304 SW 103 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCKEEVER, JAMES E</b>	
STREET ADDRESS	<b>16211 SW 102 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLAR, GEORGE</b>	
STREET ADDRESS	<b>11760 SW 169 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BEHR, RICHARD</b>	
1.3 STREET ADDRESS	<b>11402 SW 100 AVE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b><del>MCADAMS, RICHARD JR</del> P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MIKKELSON, JERRY</b>	
5.3 STREET ADDRESS	<b>8415 SW 107 AVE #160-W</b>	
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33173</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**6-25-96 (305) 233-5938**

0507917

CR2E037 (3/96)