2005 NOT-FOR-PROFIT CORPORATION

. ANNUAL REPORT (AR) **DOCUMENT # 739231**

1. Entity Name

SIGNATURE:

FRATERNAL ORDER OF EAGLES ZEPHYRHILLS AERIE



FILED Feb 23, 2005 8:00 am Secretary of State

02-23-2005 90079 028 ****61.25

2-16-05 (813) 788-6964

PROCEDIT PRISO OF Dischess Malling Address 3710 CR 6. 1467 WEST (35543) PO BOX 1487 PRIST (355	#3752 INCORPORATED							3.57	İ					
PO BOX 1437	Principal Place of Business Mailing Addres							-						
Suite, Apt 4, etc. Suite,	PO BOX 143	7	PO BOX	PO BOX 1437				I # 20 55 i	, 1 	ITOR TITOL ORREN ÖKÜİL ÖLD	- 	· _		
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Name	Zip								5. Certificate of Status Desired Fee Required					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the children of predictions of registered agent. SIGNATURE Signature, Freet agent agent and rever of registered agent dutils deplacable. SIGNATURE Signature, Freet is Set 25 9. Election Campaign Financing Trust Fund Contribution. Signature agent and contribution. FALTH, PAUL SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Out 1 FILE NOW, FEE IS Set 25 9. Election Campaign Financing Trust Fund Contribution. Signature agent a		6. Name and	Address of Curren	t Registered	Agent		<u> </u>							
37301 TROPICAL DR ZEPHYRHILLS FL 33541 City FL 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 e-bigations of registered agent. SIGNATURE Land Land Land Land Land Land Land Land								Ivaille						
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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	3+4EE+4000E33]	E33]			STREE			3.	7144 /	1 cde B	ne.			
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