

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

DOCUMENT # 739231

1. Entity Name

**FRATERNAL ORDER OF EAGLES ZEPHYRHILLS AERIE
#3752 INCORPORATED**



Principal Place of Business

33710 C.R. 54TH WEST (33543)
PO BOX 1437
ZEPHYRHILLS FL 33539

Mailing Address

33710 C.R. 54TH WEST (33543)
PO BOX 1437
ZEPHYRHILLS FL 33539

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

31-0913757

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MC CAULEY, DONALD P
37301 TROPICAL DR
ZEPHYRHILLS FL 33541**

Name

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald P. McCauley Donald P. McCauley

2-16-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T.	<input checked="" type="checkbox"/> Delete
NAME	FAUTH, PAUL	
STREET ADDRESS	34914 EILAND BLVD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T.	<input checked="" type="checkbox"/> Delete
NAME	TROMBLEY, REGINALD	
STREET ADDRESS	5345 ARTIQUE ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	T.	<input checked="" type="checkbox"/> Delete
NAME	JONES, JOSEPH L	
STREET ADDRESS	7054 20TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	S	<input type="checkbox"/> Delete
NAME	MC CAULEY, DONALD P	
STREET ADDRESS	37301 TROPICAL DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	P	<input type="checkbox"/> Delete
NAME	SUTTON, RONALD R	
STREET ADDRESS	37149 NICOLE AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	V	<input type="checkbox"/> Delete
NAME	MURRAY, KENTON	
STREET ADDRESS	3827 KIAH DR.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trustee Robert E Bowman	
STREET ADDRESS	34445 Countryside Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33543	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas E. Rice	
STREET ADDRESS	2950 Waggle Dr.	
CITY-ST-ZIP	San Antonio, FL 78576	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Chase	
STREET ADDRESS	30313 CHAPEL DR.	
CITY-ST-ZIP	Zephyrhills, FL 33544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trustee Ronald R. Sutton	
STREET ADDRESS	37149 Nicole Ave	
CITY-ST-ZIP	Zephyrhills, FL 33541	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Kenton Murray	
STREET ADDRESS	3827 Kiah Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33543	

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.

SIGNATURE:

Donald P. McCauley Donald P. McCauley

2-16-05

(813) 788-6961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #