

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90109 021 ****70.00

DOCUMENT # 746990

1. Entity Name
**THE FRATERNAL ORDER OF EAGLES, BASS CAPITAL
AERIE 3822, INC.**



Principal Place of Business
**823 HWY 20
INTERLACHEN, FL 32148**

Mailing Address
**P. O. BOX 1116
INTERLACHEN, FL 32148**



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0939828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEENE, LLOYD T
126 SANDY ST.
INTERLACHEN, FL 32148**

**DO NOT WRITE
IN THIS SPACE**

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: *Shay L. Thune* *Lloyd T. Keene* *4-20-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRESCOTT, MILTON
105 GEORGE AVE
INTERLACHEN, FL 32148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
KEENE, LLOYD T
126 SANDY ST.
INTERLACHEN, FL 32148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Steve Godwin
153 Pine Dr
Interlachen Fl. 32148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Rubin Myers
153 Pine Dr.
Inter lachen Fl. 32148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Harold Suttles
609 Fowler St.
Interlachen Fl. 32148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Shay L. Thune* *Lloyd T. Keene* *4-20-08* *386-684-3252*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #