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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:11

DOCUMENT # **756614** **(4)**

1. Corporation Name

DELAND FRATERNAL ORDER OF EAGLES, AEERIE NO. 395 9, INC.

Principal Place of Business	Mailing Address
1330 YORKTOWN AVENUE DELAND FL 32724	1330 YORKTOWN AVENUE DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1981
3a. Date of Last Report: 08/24/1994
4. FEI Number: 59-2644486 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JUCKETT, RALPH C.
1310 FLEMING AVE.
APT. A-37
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: TIMOTHY J. FLYNN
82 Street Address (P.O. Box Number is Not Acceptable): 600 No. BOUNDARY AVE 105-A
83
84 City: DELAND FL 85 Zip Code: 32720

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 607.0505, Florida Statutes.

SIGNATURE: Timothy J. Flynn - Sect. DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	IMMEKE, CARL W	12 NAME	
STREET ADDRESS	100 KENDRA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LINVILLE, MICHAEL	22 NAME	
STREET ADDRESS	2430 GRAND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	GLENWOOD FL 32722	24 CITY-ST-ZIP	
TITLE	S/D	31 TITLE	☒ Change ☐ Addition
NAME	JUCKETT, RALPH C	32 NAME	S. D. Timothy J. Flynn
STREET ADDRESS	1301 FLEMINC AVE., A-37	33 STREET ADDRESS	600 No. Boundary Ave 105-A
CITY ST ZIP	ORMOND BEACH FL 32174	34 CITY-ST-ZIP	DeLand Fl. 32720
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	LANE, ROBERT A	42 NAME	T LEO BERTHOLF
STREET ADDRESS	513 S. MONTOGOMERY AVE	43 STREET ADDRESS	3855 Sailmaker Lane
CITY ST ZIP	DELAND FL	44 CITY-ST-ZIP	DeLand Fl. 32724
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(i), 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: Timothy J. Flynn Timothy J. Flynn 3-21-95 (904) 734-1764
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGE OFFICER OR DIRECTOR — Date — Daytime Phone #

0031240