FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/04/1981

3a. Date of Last Report: 03/27/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: 59-2644486 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

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

City & State — 23:

City & State — 28:

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

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

FLYNN, TIMOTHY J
600 NO BOUNDARY AVE
SUITE 105-A
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: Jack Nicholson

82 Street Address (P.O. Box Number is Not Acceptable): 227 NO KEPLER Rd.

83: D

84 City: Deland. FL 85 Zip Code: 32724

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, 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 617.0503, Florida Statutes.

SIGNATURE: Jack Nicholson — Signature, typed or printed name of registered agent and title if applicable

Jack Nicholson — (NOTE: Registered Agent signature required when reinstating)

DATE: 1/29/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	IMMEKE, CARL W		12 NAME	Dudley, CURTIS	
STREET ADDRESS	100 KENDRA AVE		13 STREET ADDRESS	655 So. BROOKS AVE.	
CITY-ST-ZIP	DELAND FL 32724		14 CITY-ST-ZIP	Deland, FL 32720	
TITLE	VP	☒ DELETE	21 TITLE	VP	☒ Change ☐ Addition
NAME	LINVILLE, MICHAEL		22 NAME	Lesser, Kenneth H.	
STREET ADDRESS	2430 GRAND AVE.		23 STREET ADDRESS	2401 West PARK Rd.	
CITY-ST-ZIP	GLENWOOD FL 32722		24 CITY-ST-ZIP	Deland, FL. 32724	
TITLE	S/D	☒ DELETE	31 TITLE	S/D	☒ Change ☐ Addition
NAME	FLYNN, TIMOTHY J		32 NAME	Jack NICHOLSON	
STREET ADDRESS	600 NO BOUNDARY AVE., 105A		33 STREET ADDRESS	227 NO Kepler Rd.	
CITY-ST-ZIP	DELAND FL		34 CITY-ST-ZIP	Deland. FL. 32724	
TITLE	T	☒ DELETE	41 TITLE	T	☒ Change ☐ Addition
NAME	BERTHOLF, LEO		42 NAME	Parlow, George	
STREET ADDRESS	3855 SAILMAKER LANE		43 STREET ADDRESS	POBox 1284	
CITY-ST-ZIP	DELAND FL		44 CITY-ST-ZIP	Deland, FL 32721-1284	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Jack Nicholson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 — Date

734-1764 — Daytime Phone #

JACK NICHOLSON