SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

APPROVED
AND
FILED

1997 DEC -8 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1981
3a. Date of Last Report: 02/02/1996

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

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

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLSON, JACK
227 NO KEPLER RD.
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

700002372517--2
12/15/97--01126-003
*****61.25 *****61.25

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	DUDLEY, CURTIS		1.2 NAME	ED STRICKLAND	
STREET ADDRESS	655 SO BROOKS AVE.		1.3 STREET ADDRESS	1100 REYNOLDS RD.	
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	DELEON SPRINGS, FL	
TITLE	VP	☒ DELETE	2.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	LESSER, KENNETH W.		2.2 NAME	ANTHONY J. MOLLE	
STREET ADDRESS	2401 W. PARK RD.		2.3 STREET ADDRESS	1915 CALLE ALTO VISTA	
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	S/D	☒ DELETE	3.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	NICOLSON, JACK		3.2 NAME	GARY HATHAWAY	
STREET ADDRESS	227 NO KEPLER RD.		3.3 STREET ADDRESS	1666 S. HIGH ST.	
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	DELAND, FL 32724	
TITLE	T	☒ DELETE	4.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	PARLOW, GEORGE		4.2 NAME	BILLY PLUMMBER	
STREET ADDRESS	P.O.BOX 1284		4.3 STREET ADDRESS	1915 CALLE ALTO VISTA	
CITY-ST-ZIP	DELAND FL		4.4 CITY-ST-ZIP	DELAND, FL 32724	
TITLE		☐ DELETE	5.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME			5.2 NAME	TOM E. HULL	
STREET ADDRESS			5.3 STREET ADDRESS	1330 YORKTOWN AVE.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DELAND, FL 32724	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

16 12/8/97

14. I do 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 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: Tom E. Hull 9/6/97 904-775-1764

CR2E037 (4/97)

(2)

MID FLORIDA FINANCIAL SERVICES, INC.

334 East Graves Avenue
Orange City, FL 32763
(904) 775-1164 • Fax 1-(904) 775-8679
1-800-940-8291

DECEMBER 2, 1997

FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTHAM
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

DEAR MS. MORTHAM,

MY CLIENT, DELAND FRATERNAL ORDER OF EAGLES, AERIE NO. 3959, INC., FILED THEIR CORPORATE ANNUAL REPORT ON 9/16/97. ON SEPTEMBER 24, YOUR OFFICE RETURNED THE DOCUMENT FOR MORE INFORMATION. THIS LETTER STATED THEY HAD 30 DAYS TO REFILE.

THEY RECEIVED A CERTIFICATE OF ADMINISTRATIVE DISSOLUTION EFFECTIVE SEPTEMBER 26, 1997. THIS CONFUSED THEM AS YOUR LETTER OF THE 24TH STATED THEY HAD 30 DAYS, OR UNTIL OCTOBER 24 TO REFILE. I HAVE ATTACHED A COPY OF THIS LETTER ALSO.

DUE TO THE CONFUSION OVER THE DATING OF THESE LETTERS, WE ASK THAT YOU PLEASE ACCEPT THE CORRECTED DOCUMENT ALONG WITH THE ORIGINAL CHECK WHICH WAS ISSUED WITH THE ORIGINAL FILING.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT THE ABOVE NUMBERS.

SINCERELY,

Robert C R

ROBERT C. BROWN