

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 30, 2009
Secretary of State

DOCUMENT# 763268

Entity Name: FRATERNAL ORDER OF EAGLES BOYNTON BEACH AERIE 3944, INC.**Current Principal Place of Business:**1002 N FEDERAL HWY
BOYNTON BEACH, FL 33435 US**New Principal Place of Business:****Current Mailing Address:**1002 N FEDERAL HWY
BOYNTON BEACH, FL 33435 US**New Mailing Address:****FEI Number:** 31-0989635**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ART, OUN
1001 SW 18TH STREET
BOYNTON BEACH, FL 33426 US**Name and Address of New Registered Agent:**COLLINS, KAEN
2003 SW 6TH AVE.
BOYNTON BEACH, FL 33426 US

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.

SIGNATURE: KAREN COLLINS

08/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALL, PAUL
Address: 1002 N. FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: DENNIS, LIVERIE
Address: 1002 NORTH FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SD () Delete
Name: ART, OUN
Address: 1001 SW 18TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FECKO, STEVE
Address: 1002 N. FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SEC (X) Change () Addition
Name: HOBAN, THOMAS
Address: 2400 NW 23RD AVE.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TR (X) Change () Addition
Name: ANDERSON, GORDON
Address: 1001 SW 18TH STREET
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T () Change (X) Addition
Name: NICHOLSON, CHARLES
Address: 2508 NW 21ST STREET
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN COLLINS

TRUS

08/30/2009

Electronic Signature of Signing Officer or Director

Date