FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765691 (1)

1. Corporation Name
FRATERNAL ORDER OF EAGLES GATEWAY AERIE #4018 LA KE PARK, FLORIDA, INC.

Principal Place of Business	Mailing Address
955-957-PARK AVENUE LAKE PARK FL 33403	955-957-PARK AVENUE LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1982
3a. Date of Last Report: 10/04/1994
4. FEI Number: 59-2243656 ☐ 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
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

NUTAITIS, CHARLES
5400 N DIXIE HWY
W PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ 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	S	1.1 TITLE		☐ Change ☐ Addition
NAME	NUTAITIS, CHARLES	1.2 NAME		
STREET ADDRESS	5400 N DIXIE HWY B-7	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	HUGH GORDON	☑ Change ☐ Addition
NAME	GORDON, HUGH, D	2.2 NAME		
STREET ADDRESS	2531 CONROY DR	2.3 STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP	LAKE PARK FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, JERRY	3.2 NAME		
STREET ADDRESS	9152 PEBBLES ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	MARIE BLANCHARD	☑ Change ☐ Addition
NAME	HENZE, RON	4.2 NAME		
STREET ADDRESS	4250 74 ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERIA BCH. FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	NORMAN ANDERSON	☐ Change ☐ Addition
NAME	TURLEY, NORMAN	5.2 NAME		
STREET ADDRESS	1501 CRESCENT CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL	5.4 CITY-ST-ZIP	PRES	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DEMONSTRANTI, JOE	6.2 NAME		
STREET ADDRESS	36 YACHT CLUB DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL	6.4 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: Charles Nutaitis CHARLES NUTAITIS 4/26/95 (407)848-9044
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date (Area Code) Daytime Telephone Number

0047768