

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

FILED
Apr 02, 1996 08:00 AM
Secretary of State

DOCUMENT # **765691** (1)

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



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

3. Date Incorporated or Qualified: **11/08/1982**
3a. Date of Last Report: **05/01/1995**

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)

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

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 (85) Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUTAITIS, CHARLES	12 NAME	
STREET ADDRESS	5400 N DIXIE HWY B-7	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, HUGH, D	22 NAME	
STREET ADDRESS	2531 CONROY DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JERRY	32 NAME	
STREET ADDRESS	9152 PEBBLES ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, MARK	42 NAME	
STREET ADDRESS	4250 74 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	RIVERIA BCH. FL	44 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, NORMAN	52 NAME	
STREET ADDRESS	1501 CRESCENT CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMONSTRANTI, JOE	62 NAME	
STREET ADDRESS	36 YACHT CLUB DR.	63 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL	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)(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: Charles Nutaitis **3/31/96** **4018489048**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)