


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 765691		
1. Entity Name FRATERNAL ORDER OF EAGLES GATEWAY AERIE #4018 LAKE PARK, FLORIDA, INC.		
Principal Place of Business 804 10TH ST. LAKE PARK, FL 33403	Mailing Address 804 10TH ST. LAKE PARK, FL 33403	



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2243656	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ASSELTA, SHAWN 619 N DIXIE HWY LAKE WORTH, FL 33460	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U000000913784
05/08/08-80029-021 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGGETT, RUSSELL 932 W. KALMIA DR., #2A LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, BRAD 630 SOUTHWIND CIR #1 N. PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCHUK, WILLIAM 131 D. DOOLEN CT. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, JOHN 2555 PGA BLVD, #307 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HART, LOWELL 734 N. 4 SEASONS PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIESS, ANTHONY A 731 TRADEWIND DR. N. PALM BEACH, FL 33408

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lowell Hart* *LOWELL HART*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/18/08* *561-848-2044*
Daytime Phone #