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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767110 (0)

1. Corporation Name

LARGO FLORIDA AERIE 4013, FRATERNAL ORDER OF EAG
LES, INC.

Principal Place of Business

Mailing Address

13308 66TH ST N
LARGO FL 34643
US13308 66TH ST N
LARGO F 33773-1815
US3. Date Incorporated or Qualified
02/22/19833a. Date of Last Report
05/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2191082

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORS, JAMES A
8125 COTTONWOODE DR.
LARGO FL 34643

81 Name MICHAEL PROVOST

82 Street Address (P.O. Box Number is Not Acceptable)

83 13052 Center Ave

84 City LARGO

85 FL Zip Code 33773

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

MICHAEL PROVOST

2-22-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DUMOULIN, JOHN
STREET ADDRESS 12501 ULMERTON RD.
CITY-ST-ZIP LARGO FLTITLE PD ☐ DELETE
NAME BARNES, STEVEN
STREET ADDRESS 3718 139 AVENUE
CITY-ST-ZIP LARGO FLTITLE TD ☐ DELETE
NAME ARNOLD, ROBERT T
STREET ADDRESS 10185 - 118 AVE., N.
CITY-ST-ZIP LARGO FLTITLE SD ☐ DELETE
NAME PROVOST, MICHAEL
STREET ADDRESS 13052 CENTER AVENUE
CITY-ST-ZIP LARGO FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP~~STEVEN BARNES~~ ☐ Change ☐ Addition
N/A☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PROVOST

SECRETARY

Date

2-11-97

Daytime Phone # 0051763

530-7955

CP2E037 (9/96)