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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767110

1. Corporation Name

LARGO FLORIDA AERIE 4013, FRATERNAL ORDER OF EAGLES, INC.

Principal Place of Business

Mailing Address

13308 66TH ST N
LARGO FL 34643
US

13308 66TH ST N
LARGO F 34643
US

96372 90098 30



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/22/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2191082

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

33773

25

29

33773

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROVOST, MICHAEL
13052 CENTER AVE
LARGO FL 33773

81 Name

STORS, JAMES A.

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

2770 ROOSEVELT BLVD. #3002

83

84 City

CLEARWATER

FL

85 Zip Code

33760

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

James A. Stors SECRETARY

1/9/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WATSON, OKIE C
STREET ADDRESS 12100 SEMINOLE BLVD., #69
CITY-ST-ZIP LARGO FL 34640

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME CONDON, LOUIS
STREET ADDRESS 8827 ROBIN RD
CITY-ST-ZIP SEMINOLE FL 33777

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME STORS, JAMES A
STREET ADDRESS 8125 COTTONWOOD DR
CITY-ST-ZIP LARGO FL 33773

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SD STORS, JAMES A
8125 COTTONWOOD DR.
LARGO, FL. 33773

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TD
COULTER, WILLIAM C.
2084 SUNSET GROVE LN.
CLEARWATER, FL. 37625

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: JAMES A. STORS SECRETARY 1/9/99 (727) 519-0308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)