

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90081 025 ****70.00

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1. Entity Name

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



Principal Place of Business

**13308 66TH ST N
LARGO, FL 33773 US**

Mailing Address

**13308 66TH ST N
LARGO, F 33773 US**

40075736



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2191082

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUALTER, WILLIAM P JR
4000 31ST STREET NORTH
SAINT PETERSBURG, FL 33714**

**DO NOT WRITE
IN THIS SPACE**

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

4-20-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DISANTO, EDWARD
STREET ADDRESS	10034 86 WAY N
CITY-ST-ZIP	LARGO, FL 33777
TITLE	TD
NAME	JONES, PATRICK
STREET ADDRESS	8837 79 PL. N.
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	ST
NAME	QUALTER, WILLIAM P JR
STREET ADDRESS	4000 31ST STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	PAPT
NAME	SARJA, DAVID F
STREET ADDRESS	2918 AUNTINGTON DR
CITY-ST-ZIP	LARGO, FL 33771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

727-530-7955

Daytime Phone #