

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90028 038 ****61.25

DOCUMENT # 768523

1. Entity Name
CITRUS AERIE 3992 FRATERNAL ORDER OF EAGLES,
INC.



Principal Place of Business
8733 E. HWY 44 GULF TO LAKE
INVERNESS, FL 34450

Mailing Address
P O BOX 1407
INVERNESS, FL 34451



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-3277076

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYASAN, LEON M II PA
2303 W. HWY 44
INVERNESS, FL 34453-3809

Name

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

City

FL

Zip Code

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME TUIITE, FRANK
STREET ADDRESS 9205 E POINTO WOODS DRIVE
CITY-ST-ZIP INVERNESS, FL 34458

TITLE P ☐ Change ☒ Addition
NAME RALPH BOOZE
STREET ADDRESS PO BOX 92
CITY-ST-ZIP HERNANDO, FL 34442

TITLE P ☐ Delete
NAME WILSON, WALTER
STREET ADDRESS 2914 E FOX CT
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME PARKER, LUCILLE
STREET ADDRESS 1851 S WESTLAKE DR
CITY-ST-ZIP INVERNESS, FL 34450

TITLE T ☒ Change ☐ Addition
NAME RICHARD ALBRO
STREET ADDRESS 1990 S MOORING DR
CITY-ST-ZIP INVERNESS FL 34450

TITLE T ☒ Delete
NAME GRAVES, JAMES
STREET ADDRESS 1242 S COVE PT
CITY-ST-ZIP INVERNESS, FL 34450

TITLE T ☒ Change ☐ Addition
NAME BO JOYNER
STREET ADDRESS 1309 OTTO PT
CITY-ST-ZIP INVERNESS, FL 34450

TITLE S ☐ Delete
NAME RICHARDS, ALLEN
STREET ADDRESS PO BOX 492
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME BUTTON, KENNETH
STREET ADDRESS 7037 W CRESTVIEW LANE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE TR ☒ Change ☐ Addition
NAME GORDON FOSTER
STREET ADDRESS 1163 E LOCKSLEY CT
CITY-ST-ZIP INVERNESS, FL 34450

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

Allen W Richards

Allen W Richards

Mar 17, 2008

352-344-5337