

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768523

FILED
Jan 13, 2009
Secretary of State

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

Current Principal Place of Business:

8733 E. HWY 44 GULF TO LAKE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

P O BOX 1407
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 59-3277076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYASAN, LEON M II PA
2303 W. HWY 44
INVERNESS, FL 344533809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOOZE, RALPH
Address: PO BOX 92
City-St-Zip: HERNANDO, FL 34442

Title: P () Delete
Name: WILSON, WALTER
Address: 2914 E FOX CT
City-St-Zip: INVERNESS, FL 34452

Title: T () Delete
Name: ALBRO, RICHARD
Address: 1990 S. MOORING DR
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: JOYNER, BO
Address: 1309 OTTO PT
City-St-Zip: INVERNESS, FL 34450

Title: S () Delete
Name: RICHARDS, ALLEN
Address: PO BOX 492
City-St-Zip: FLORAL CITY, FL 34436

Title: TR () Delete
Name: GORDON, FOSTER
Address: 1163 E LOCKSLEY CT
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILSON, WALTER
Address: 2914 E FOX CT
City-St-Zip: INVERNESS, FL 34452

Title: T (X) Change () Addition
Name: HUDSON, CARL
Address: 1008 EMERY ST #8
City-St-Zip: INVERNESS, FL 34450

Title: T (X) Change () Addition
Name: TOM, BECK
Address: 5241 E TANGELO LN
City-St-Zip: INVERNESS, FL 34453

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN W RICHARDS

SEC

01/13/2009

Electronic Signature of Signing Officer or Director

Date