

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 042 ****61.25

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DOCUMENT # 768799 1. Entity Name THE FRATERNAL ORDER OF EAGLES PANHANDLE AERIE #4045, INC.					
Principal Place of Business 228 GREENACRES ROAD FT. WALTON BEACH, FL 32547-1165			Mailing Address 228 GREENACRES ROAD FT. WALTON BEACH, FL 32547-1165		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2314925	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JUNG, JUNE 816 TANAGAER LOT 21 FORT WALTON, FL 32547				7. Name and Address of New Registered Agent Name RAY VAUGHN Street Address (P.O. Box Number is Not Acceptable) 228 GREEN ACRES ROAD City FT. WALTON BEACH FL Zip Code 32547	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-14-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, BILL		NAME		
STREET ADDRESS	1005 SHALIMAR POINT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, BREAD		NAME		
STREET ADDRESS	828 DAINES ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON, FL 32547		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, TOM		NAME		
STREET ADDRESS	41 JAMES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARMICHAEL, SHANNON		NAME		
STREET ADDRESS	349 OAKLAND CIRCLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, DARRYL		NAME		
STREET ADDRESS	1612 SUTTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH, FL 32547		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JUNG, JUNE		NAME	RAY VAUGHN	
STREET ADDRESS	816 TANAGAER PLACE		STREET ADDRESS	228 GREEN ACRES ROAD	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
12. 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 1-14-05 850-862-4045 <small>Date Daytime Phone #</small>		