

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90034 008 ****70.00

DOCUMENT # N02000004703

1. Entity Name

**PATRICK HENRY SEBASTIAN RIVER NEST 272
FRATERNAL ORDER OF ORIOLES, INC.**



Principal Place of Business

9330 US HWY 1
MICCO FL 32976

Mailing Address

PO BOX 1236
ROSELAND FL 37957

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

4. FEI Number

65-0346493

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

**MANOR, GEORGE W
590A NORTH TROPIC LANE
VERO BEACH FL 32960**

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

GEORGE W. MANOR

[Signature]

Feb. 10, 2007

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHAND, ANDREW	
STREET ADDRESS	11335 INDIAN RIVER DR	
CITY ST ZIP	SEBASTIAN FL 32958	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEVILLE, JOHN	
STREET ADDRESS	904 WEST DOLPHIN	
CITY ST ZIP	BAREFOOT BAY FL 32976	
TITLE	S	<input type="checkbox"/> Delete
NAME	BORST, VINCENT	
STREET ADDRESS	527 PUFFIN DRIVE	
CITY ST ZIP	BAREFOOT BAY FL 32976	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANOR, GEORGE W	
STREET ADDRESS	590 A NORTH TROPIC LANE	
CITY ST ZIP	VERO BCH FL 32960	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAWLISKI, JAMES	
STREET ADDRESS	7955 129 ST	
CITY ST ZIP	ROSELAND FL 32957	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TWEEDIE, ROBERT	
STREET ADDRESS	1450 125TH LANE	
CITY ST ZIP	SEBASTIAN FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Sisco	
STREET ADDRESS	6075 US 1 BRANT FL 32949	
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE LEBRECK	
STREET ADDRESS	7500 N HANTIE AVE	
CITY ST ZIP	SANCTUARY HARBOR FL 32976	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07 779 664 4459

Date

Daytime Phone #