



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000Q04215						FILED 07 MAY 21 PM 3: 50 DEPT. OF STATE TALLAHASSEE, FLORIDA				
1. Entity Name FRATERNAL ORDER OF ORIOLE NEST CHARTER 294, INC.				Principal Place of Business 2022 CANAL ST FT MYERS, FL 33901						
Mailing Address 2022 CANAL ST FT MYERS, FL 33901										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						4. FEI Number 02-0693579		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
City & State		City & State						6. Name and Address of Current Registered Agent RICHBOURG, DONALD C JR 3350 E RIVERSIDE DR FT MEYRS, FL 33916		
Zip		Country						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
City & State		City & State		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 _____ (NOTE: Registered Agent signature required when reinstating)										
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINSCOTT, ROBERT 2022 CANAL ST FT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERNEST J. BOOHER 2022 CANAL ST FT MYERS FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	200103893592 06/05/07--01010--025 **\$61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, DARLENE 1555 N TAMiami TR N FT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103893592 06/05/07--01010--025 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINSCOTT, LOIS 1755 INLET DR FT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103893592 06/05/07--01010--025 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103893592 06/05/07--01010--025 **\$61.25	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103893592 06/05/07--01010--025 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103893592 06/05/07--01010--025 **\$61.25	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103893592 06/05/07--01010--025 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103893592 06/05/07--01010--025 **\$61.25	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103893592 06/05/07--01010--025 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Ernest J. Booher</u>				5-17-07						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date						
Daytime Phone #				Daytime Phone #						