

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-10-2004 90459 047 ****61.25

DOCUMENT # N0300000612.			
1. Entity Name F.O.E. SEMINOLE COUNTY EAGLES AERIE 4449 INC.			
Principal Place of Business 134 W. STATE RD. 434 WINTER SPRINGS, FL 32708 US		Mailing Address 701 WILSON RD WINTER SPRINGS, FL 32708 US	
2. Principal Place of Business		3. Mailing Address 134 W. State Rd 434	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Winter Springs FL	
Zip	Country	Zip	Country
32708	US	32708	SEMINOLE
4. FEI Number		01052004 Chg-NP CR2E037 (10/03)	
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	
BOWDREN, LAWRENCE 1521 SOUTHWIND COURT CASSELBERRY, FL 32707		Name: HANNA, LEO C. Street Address (P.O. Box Number is Not Acceptable): 2219 MAGNOLIA AVE City: SANFORD FL Zip Code: 32771	
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: LEO HANNA		DATE: 05-27-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P. HANNA, LEO C. 2219 MAGNOLIA AVE. SANFORD, FL 32771 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FITZGERALD STEVEN 103 HOLLOWAY CT SANFORD FL 32771 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITZGERALD, SETVEN 103 HOLLOWAY COURT SANFORD, FL 32771 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VACANT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. APPEL, DONALD W SR. 701 WILSON RD. WINTER SPRINGS, FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AGENT HANNA, LEO C. 2219 MAGNOLIA AVE SANFORD FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 address, with all other like empowered.			
SIGNATURE: [Signature]		DATE: 05-01-04 407 365 9091	