

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

01-25-2005 90049 013 ****61.25

66003132



1st MOORE CR2E037 (10/04)

DOCUMENT # N03000006612														
1. Entity Name F.O.E. SEMINOLE COUNTY EAGLES AERIE 4449 INC														
Principal Place of Business 134 W. STATE RD. WINTER SPRINGS FL 32708 US			Mailing Address 134 W. STATE RD. WINTER SPRINGS FL 32708 US											
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.											
City & State			City & State											
Zip		Country		Zip										
Country		Country		4. FEI Number AP-PLIED FOR										
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable										
6. Name and Address of Current Registered Agent LFO LOMES, HANNA 2219 MAGNOLIA AVE SANFORD FL 32771														
7. Name and Address of New Registered Agent														
Name														
Street Address (P.O. Box Number is Not Acceptable)														
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)														
Signature, typed or printed name of registered agent and use if applicable														
DATE														
FILE NOW: FEE IS \$61.25 Due By May 1, 2005														
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees														
Make Check Payable to Florida Department of State														
10. OFFICERS AND DIRECTORS														
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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: <u>Donald W. Appel Sr</u> <u>407 327 2260</u> DONALD W. APPEL 1-18-05														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR														
Date														
Daytime Phone #														