

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90008 041 ****70.00

DOCUMENT # N03000006612 1. Entity Name F.O.E. SEMINOLE COUNTY EAGLES AERIE 4449 INC					
Principal Place of Business 124 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 US			Mailing Address 124 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01132007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 01-0708148				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEO, HANNA 541 CLUB CIRCLE LAKE MARY, FL 32771			7. Name and Address of New Registered Agent Name WESLEY F. GORMLEY Street Address (P.O. Box Number is Not Acceptable) 1017 GOULD PLACE City OVIEDO		
FL			Zip Code 32765 7066		
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 WESLEY F. GORMLEY, SECRETARY <i>Wesley F. Gormley</i> 02/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PR.	NAME FITZGERALD, STEVEN		TITLE PRESIDENT	NAME BRICE GRENELL	
STREET ADDRESS 103 HOLLOWAY CT	CITY-ST-ZIP SANFORD, FL 32771		STREET ADDRESS 1410 WINDING TRAIL	CITY-ST-ZIP ORLANDO, FLORIDA 32825	
TITLE SEC.	NAME APPEL, DONALD W SR.		TITLE SECRETARY	NAME WESLEY F. GORMLEY	
STREET ADDRESS 701 WILSON RD.	CITY-ST-ZIP WINTER SPRINGS, FL 32708		STREET ADDRESS 1017 GOULD PLACE	CITY-ST-ZIP OVIEDO, FLORIDA 32765 7066	
TITLE V.PR	NAME MORRIS, BILLY		TITLE TREASURER	NAME WAYNE H. STUMPF	
STREET ADDRESS 895 LAKE IRENE	CITY-ST-ZIP CASSELBERRY, FL 32707		STREET ADDRESS 510 SUNRISE AVENUE	CITY-ST-ZIP WINTER SPRINGS, FLORIDA 32708	
TITLE TRUSTEE	NAME GERALD HESKETCH		TITLE TRUSTEE	NAME GERALD HESKETCH	
STREET ADDRESS 6 LaVISTA DRIVE EAST	CITY-ST-ZIP WINTER SPRINGS, FLORIDA 32708		STREET ADDRESS 6 LaVISTA DRIVE EAST	CITY-ST-ZIP WINTER SPRINGS, FLORIDA 32708	
TITLE TRUSTEE	NAME GERALD HESKETCH		TITLE TRUSTEE	NAME GERALD HESKETCH	
STREET ADDRESS 6 LaVISTA DRIVE EAST	CITY-ST-ZIP WINTER SPRINGS, FLORIDA 32708		STREET ADDRESS 6 LaVISTA DRIVE EAST	CITY-ST-ZIP WINTER SPRINGS, FLORIDA 32708	
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: WESLEY F. GORMLEY <i>Wesley F. Gormley</i>			02/17/07		407 359 5397
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>