## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006612

FILED Jun 15, 2009 Secretary of State

Entity Name: F.O.E. SEMINOLE COUNTY EAGLES AERIE 4449 INC

**Current Principal Place of Business: New Principal Place of Business:** 124 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 US **Current Mailing Address: New Mailing Address:** 124 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708 US FEI Number: 01-0708148 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: APPEL, DONALD W BEERS, PATRICK R 701 WILSON ROAD 1770 HÓLLIDAY DR WINTER SPRINGS, FL 32708 US CASSELBERRY, FL 32707 US 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. SIGNATURE: PATRICK R. BEERS 06/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KLINE, JAMES E Name: Name: 204 ,MOCKINGBIRD LANE Address: Address: City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete APPEL, DONALD W Name: Name: BEERS, PATRICK R Address: 701 WILSON ROAD Address: 1770 HOLLIDAY DR City-St-Zip: WINTER SPRING, FL 62708 US City-St-Zip: CASSELBERRY, FL 32707 US Title: () Delete Title: (X) Change ( ) Addition BEERS, PATRICK R HOPKINS, ARTIE B Name: Name: 1770 HOLIDAY DRIVE Address: Address: 211 FLAMINGO AVE City-St-Zip: CASSELBERRY, FL 32707 US City-St-Zip: WINTER SPRINGS, FL 32708 US Title: TR (X) Delete Title: () Change () Addition Name: HOPKINS, ARTIE B Name: Address: 211 FLAMINGO AVE. Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK R. BEERS SEC 06/15/2009