2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # N04000005726 1. Entity Name 04-23-2007 90068 005 ****61.25 DAYTONA BEACH SHORES FRATERNAL ORDER OF EAGLES 4469 INC. Principal Place of Business Mailing Address 3516 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118 3516 S. ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEQUARTH ARRY. WILSON, LEROY Street Address (P.O. Box Number is Not Acceptable) 3516 S ATLANTIC AVE DAYTONA BEACH FL 32118 Zip Code 32118 36ACh JAYJONA 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 agent and title it applicable (NOTE: Registered Agent signature required when denstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SECRETARY Delete TITLE HILL Addition Change NAME WILSON, LEROY NAME STREET ADDRESS STREET ADDRESS 3516 S. ATLANTIC AVE. DAYTOWA BEACH. CITY-ST-78P DAYTONA BEACH SHORES FL 32118 CITY-S1-7IP TITLE TITLE President Delete ☐ Change **X**Addition TOM FRIESNER NAME WOODY, JOE NAMÉ S. ATLANTIC STREET ADDRESS STREET ADDRESS 3516 S. ATLANTIC AVE. CITY - ST- 7JP DAYTONA BEACH SHORES FL 32118 CITY-ST-ZIP DAYTONA SOR TRUSTEE TITLE Delete TITLE Addition Lee WILSON NAME NAME CUTLER, BEN STREET ADDRESS 3516 S. ATLANTIC AVE. STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DAYTONA BEACH SHORES FL 32118 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete DILLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if 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

FILED

SIGNATURE: SIGNATURE: