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

changed, or on an attach

SIGNATURE

Mar 02, 2005 8:00 am Secretary of State DOCUMENT # N04000007571 1. Entity Name 03-02-2005 90085 025 ****61.25 FLAGLER FALLEN HEROES LODGE #165, INC. Principal Place of Business Mailing Address 6 KAISER COURT PALM COAST FL 32164 PO BOX 353667 PALM COAST FL 32135 2. Principal Place of Business 3. Mailing Address 33 SLUMBER MEADOW TRAIL Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) PALM COAST City & State 4. FEI Number Applied For 20-1 50 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RI CHARD BRENDEL, RICHARD Street A er is Not Acceptable) 9 WHITAKER PLACE PALM COAST FL 32164 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 gistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating 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, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Addition BIRDSONG, STEVE BIRDSONG, STEVE NAME NAME 6 KAISER COURT STREET ADDRESS 33 SLUMBER MEMBOW TRAIL STREET ADDRESS PALM COAST FL 32164 CITY-ST-7IP CITY-ST-7IP PALM COAST, FL 32/64 TITLE Delete TITLE Change Addition BARBEE, DAVE NAME NAME 43 PRIMROSE LANE STREET ADDRESS STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP CITY-ST-7IP SEC TITLE ☐ Delete TITLE ☐ Change X Addition NDEL, RICHARD BRENDEL, RICHARD NAME NAME 9 WHITAKER PLACE STREET ADDRESS STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP CITY-ST-ZIP TRUS ☐ Addition TITLE Delete CARR, STEVE NAME NAME 85 BREEZE HILL STREET ADDRESS STREET ADDRESS PALM COAST FL 32137 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

RICHARD M. BRENDEL 2/24/2005

FILED