2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 24, 2006 8:00 am Secretary of State DOCUMENT # N04000007571 05-24-2006 90010 009 ****61.25 FLAGLER FALLEN HEROES LODGE #165, INC. Principal Place of Business Mailing Address ₩ ひひまひまひひ 33 SLUMBER MEADOW TRAIL PALM COAST FL 32164 PO BOX 353667 PALM COAST FL 32135 2. Principal Place of Business 3. Mailing Address 20 LLOBELL Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Sity & State City & State Applied Far 4. FEI Number 20-1452550 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BRENDEL, RICHARD 14 PENNY PACKER LN Street Address (P.O. Box Number is Not Acceptable) 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 registered agent. SIGNATURE lature, typed or printed name of registered agent and little if applifo (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State The state of the s OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete THE Change ☐ Addition BIRDSONG, STEVE NAME NAME ZO LLOBELL PLACE 33 SLUMBER MEADOW TRAIL STREET ADDRESS STREET ADDRESS PALM COAST, FL 32164 PALM COAST FL 32164 CITY-ST-ZIP CITY-ST-ZIP VS TITLE ☐ Delete TITLE ☐ Addition BRENDEL, RICHARD NAME NAME 38 LEWIS DR. / POBX 351874 PALM COAST, FL 32137/32135-1874 14 PENNY PACKER LN STREET ADDRESS STREET ADDRESS PALM COAST FL 32164 CITY-ST-ZIP CITY-ST-ZIP TITLE SEC TITLE ☐ Delete SAME AS ABOVE BRENDEL, RICHARD NAME STREET ADDRESS 9 WHITAKER PLACE STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32164 CITY-ST-ZIP TRUS TITLE ☐ Delete TITLE ☐ Change ■ Addition CARR, STEVE NAME NAME STREET ADDRESS 85 BREEZE HILL STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 I am an officer or director of the corporation or the econor of the econor

SIGNATURE:

16/20010

904-827-3012

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