2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# N04787

Entity Name: PORT ORANGE AERIE #4089, FRATERNAL ORDER OF EAGLES, INC.

Current Principal Place of Business:

5130 RIDGEWOOD AVENUE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5130 RIDGEWOOD AVENUE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2405204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEONARD, CURT
5130 S. RIDGEWOOD AVE.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAGMAN, LENNART
Address: 6147 S RIDGEWOOD AVE LOT 51
City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete
Name: ABDO, ED
Address: 140 HARPERS FERRY DR
City-St-Zip: DAYTONA BEACH, FL 32119

Title: T ( ) Delete
Name: SULLIVAN, ROBERT
Address: 497 MERRIMPE DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete
Name: CHANDLER, ROGER
Address: PO BOX 1966
City-St-Zip: NEW SYRMNA BEACH, FL 32170

Title: T ( ) Delete
Name: FARLEY, ANDY
Address: 6147 S RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete
Name: KIRBY, BRUCE
Address: 5986 S RIDGEWOOD AVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CURT LEONARD SEC 01/17/2007

Electronic Signature of Signing Officer or Director — Date