

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04787

FILED  
Jan 19, 2009  
Secretary of State

**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: SAMUELS, RICK  
Address: 61 ANDREWS ST  
City-St-Zip: PORT ORANGE, FL 32127

Title: T ( ) Delete  
Name: NOVAK, ROGER  
Address: 2623 NORDMAN AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: SCHERER, JIM  
Address: 5939 RIVERSIDE DR  
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 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

S

01/19/2009

Electronic Signature of Signing Officer or Director

Date