


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90022 006 \*\*\*\*70.00

<b>DOCUMENT # N05000006568</b> 1. Entity Name <b>UMATILLA EAGLES AERIE #4491 INC.</b>					
Principal Place of Business <b>911 N CENTRAL AVE</b> <del>TITUSVILLE, FL 32780</del> <b>UMATILLA, FL 32784</b>			Mailing Address <b>911 N CENTRAL AVE</b> <del>TITUSVILLE, FL 32780</del> <b>UMATILLA, FL 32784</b>		
2. Principal Place of Business - No P.O. Box # <b>911 NORTH CENTRAL AVE</b>		3. Mailing Address <b>911 NORTH CENTRAL AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>UMATILLA FL</b>		City & State <b>UMATILLA FL</b>		4. FEI Number <b>20-2966170</b>	
Zip <b>32784</b>		Zip <b>32784</b>		Country <b>LAKE</b>	
Country <b>LAKE</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MUELLER, JOHN</b> <b>40 S KENTUCKY</b> <b>UMATILLA, FL 32784</b>			7. Name and Address of New Registered Agent Name <b>DALLAS SANDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>17313 EAST RD</b> City <b>UMATILLA</b> <b>FL</b> Zip Code <b>32784</b>		
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 <u><i>L.P. Brown</i></u> <b>L.P. BROWN</b> <u>6/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUELLER, JOHN 40 S KENTUCKY UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALLAS SANDS 17313 EAST RD UMATILLA, FL 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSEN, EDWIN PO BOX 2116 UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARK WILSON 40841 LOUISE RD UMATILLA, FL 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RATLIFF, HERMAN 17845 FLA. ST. UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. L.P. BROWN 745 DAPHNE AVE UMATILLA, FL 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARILLA, GIOVANNI 16860 SE 249 TERR UMATILLA, FL 32784 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT L. JOHNSON 17109 PERU RD UMATILLA, FL 32784 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>L.P. Brown</i></u> <b>L.P. BROWN</b> <u>6/18/07</u> <u>352-771-0274</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					