


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000006568</b>		
1. Entity Name UMATILLA EAGLES AERIE #4491 INC.		
Principal Place of Business 911 N CENTRAL AVE UMATILLA, FL 32784	Mailing Address 911 N CENTRAL AVE UMATILLA, FL 32784	



04092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2966170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SANDS, DALLAS 17313 E RD UMATILLA, FL 32784	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  DALLAS C SANDS 4/15/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000930835  
05/21/08-80124-015 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDS, DALLAS 17313 E RD UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, MARK 40841 LOUISE RD UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, LP 745 DAPHNE AVE UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, ROBERT L 17109 PERU RD UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  DALLAS C SANDS 4/15/08 352-516-2219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #