

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009661

FILED
Jul 13, 2007
Secretary of State

Entity Name: FRATERNAL ORDER OF EAGLES PLANTATION AREIE 4481 INC.

Current Principal Place of Business:

2323 NORTH STATE STREET
UNIT 122
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

2323 NORTH STATE STREET
UNIT 122
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 20-1181400 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAWFORD, E. EUGENE
1 EAST PLACE
PALM COAST, FL 32164 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: CRAWFORD, E. EUGENE
Address: 1 EAST PLACE
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: HAGERTY, JOHN
Address: 58 BURKWOOD LN
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: MENDOZA, RICHARD
Address: 195 OSPREY LN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T () Delete
Name: FREDDERICK, JAMES
Address: 195 OSPREY LN
City-St-Zip: FLAGLER BEACH, FL 32136

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:

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: E. EUGENE CRAWFORD

P

07/13/2007

Electronic Signature of Signing Officer or Director

Date