


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90012 041 \*\*\*\*70.00

<b>DOCUMENT # N06919</b> 1. Entity Name <b>FRATERNAL ORDER OF EAGLES #4048 INC.</b>					
Principal Place of Business <b>15 W DARLINGTON ST KISSIMMEE FL 34741</b>			Mailing Address <b>15 W DARLINGTON ST KISSIMMEE FL 34741</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2475926</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WALLACE, DELBERT W 4130 CITRUS ST. KISSIMMEE FL 34746</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE <u><i>Delbert R. Wallace</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%;"> <u>DELBERT R. WALLACE</u>  <small>(NOTE: Registered Agent signature required when reconstituting)</small> </div> <div style="width: 30%;"> <u>2-26-06</u>  <small>DATE</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SDC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETARY, JAMES F		NAME		
STREET ADDRESS	1314 HIGHLAND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCACCIO, JOHN		NAME		
STREET ADDRESS	2509 MESPOITE PL.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, DELBERT R		NAME		
STREET ADDRESS	4130 CITRUS ST.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALDRICH, HAROLD E		NAME	<i>Richard Colley</i>	
STREET ADDRESS	2830 NEPTUNE ROAD		STREET ADDRESS	<i>2772 BRIDGE COURT</i>	
CITY-ST-ZIP	KISSIMMEE FL 34745		CITY-ST-ZIP	<i>Kissimmee FL 34744</i>	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RESIDENCE, WAYNE J		NAME	<i>Clifton Kiss</i>	
STREET ADDRESS	319 S. DILLINGHAM SR.		STREET ADDRESS	<i>15 W DARLINGTON ST</i>	
CITY-ST-ZIP	KISSIMMEE FL 34741		CITY-ST-ZIP	<i>Kissimmee FL</i>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEFLIN, BILLY J		NAME		
STREET ADDRESS	3864 BAY AVE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Delbert R. Wallace</i></u> <b>DELBERT R. WALLACE</b> <u>2-26-06</u> <u>407-847-8704</u>					

