2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N06919

Entity Name: FRATERNAL ORDER OF EAGLES #4048 INC.

Current Principal Place of Business:

15 W DARLINGTON ST
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

15 W DARLINGTON ST
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2475926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, DELBERT W
4130 CITRUS ST.
KISSIMMEE, FL 34746 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: SDC ( ) Delete
Name: SINGLETARY, JAMES F
Address: 1314 HIGHLAND CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete
Name: DIVELBISS, LLOYD
Address: 9000 US HWY 192 LOT 830
City-St-Zip: CLERMONT, FL 34714

Title: S ( ) Delete
Name: WALLACE, DELBERT R
Address: 4130 CITRUS ST.
City-St-Zip: KISSIMMEE, FL 34746

Title: P ( ) Delete
Name: CORBIN, KEITH
Address: 2434 N. JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

Title: P ( ) Delete
Name: CORBIN, KEITH
Address: 2434 N. JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete
Name: CLINE, WILLIAM
Address: 2002 PATRICK ST.
City-St-Zip: KISSIMMEE, FL 34741

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: LLOYD DIVELBISS OFFI 01/14/2009
Electronic Signature of Signing Officer or Director — Date