2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N07000002886

Entity Name: FRATERNAL ORDER OF EAGLES MARTIN COUNTY #3896 INC.

Current Principal Place of Business:

2904 SE WAALER ST
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2904 SE WAALER ST
STUART, FL 34997

New Mailing Address:

FEI Number: 20-5207311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAKINS, ROBERT
2904 SE WAALER ST
STUART, FL 34997 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: ATCHLEY, THOMAS
Address: 2904 SE WAALER ST
City-St-Zip: STUART, FL 34997

Title: CT ( ) Delete
Name: HAKINS, BOB
Address: 2904 SE WAALER ST
City-St-Zip: STUART, FL 34997

Title: ST ( ) Delete
Name: DAVIS, JEFFERSON
Address: 2904 SE WAALER ST
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete
Name: HAMILTON, KENNETH
Address: 2904 SE WAALER ST
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MACK, DANIEL
Address: 2904 SE WAALER ST
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: SMITH, LEO
Address: 2904 SE WAALER ST
City-St-Zip: STUART, FL 34997

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: BOB HAKINS CT 04/27/2008

Electronic Signature of Signing Officer or Director — Date