

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002886

FILED  
Jan 19, 2009  
Secretary of State

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: MACK, DANIEL  
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: SMITH, LEO  
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: STRICKLAND, JAMES  
Address: 2904 SE WAALER ST  
City-St-Zip: STUART, FL 34997

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: BOB HAKINS

CT

01/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date