2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90035 049 ****70.00

DOCUMENT # N07000010184

1. Entity Name
FRATERNAL ORDER OF EAGLES, CLERMONT AERIE 4485 INC.

Principal Place of Business	Mailing Address
1775 NORTH HWY 27 - SUITE A MINNEOLA, FL 34715	1775 NORTH HWY 27 - SUITE A MINNEOLA, FL 34715

04142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1775 N. Hwy 27	1775 N. Hwy 27
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Suite A
City & State: Minneola, FL	City & State: Minneola FL
Zip: 34715 Country: Lake	Zip: 34715 Country: Lake

4. FEI Number: 20-2022908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALDREN, JOHN
212 GRASSY LAKE RD
MINNEOLA, FL 34715

John Waldron

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE: _____ May 6, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALDREN, JOHN 212 GRASSY LAKE RD MINNEOLA, FL 34715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President WALDRON, John 212 Grassy Lake Rd Minneola FL 34715	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SNIVELY, JAY SR PO BOX 121442 CLERMONT, FL 34712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KNIPPEL, WAYNE 1775 NORTH HWY 27 SUTIE A MINNEOLA, FL 34715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jay M Snively Jr 5-10 2008 352-255 2968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #