

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10769

1. Corporation Name

ST. PETERSBURG AERIE #3658, FRATERNAL ORDER OF EAGLES, INC.

Principal Place of Business

2705 54 AVENUE NORTH
SUITE 12
ST. PETERSBURG FL 33714
US

Mailing Address

2705 54 AVENUE NORTH
SUITE 12
ST. PETERSBURG FL 33714
US

FILED

99 DEC 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

2. Principal Place of Business

21 3712 51 AVENUE

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG, FL

Zip

24 33714

Country

2a. Mailing Address

26 3712 51 AVENUE

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG, FL

Zip

29 33714

Country

3. Date of Incorporation

08/20/1985

4. FEI Number

51-0193461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

10. Name and Address of New Registered Agent

81 Name CLARENCE RUGER
82 Street Address (P.O. Box Number is Not Acceptable)
735 43 AVE. NE
83 ST. PETERSBURG, FL
84 City

FL 85 Zip Code 33703

FORD, DANIEL P
2517 50TH AVE N
#9
ST. PETERSBURG FL 33714

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE CLARENCE RUGER

(NOTE: Registered Agent Signature Required when Reinstating)

11-11-99 LS

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	CLAFIN, DONALD	1801 12TH ST N	ST. PETERSBURG FL 33704	<input checked="" type="checkbox"/>
DVP	MEDFORD, TONY	4847 28TH AVE N	ST PETERSBURG FL 33713	<input checked="" type="checkbox"/>
DS	FORD, DANIEL P	2517 50TH AVE N #9	ST PETERSBURG FL 33714	<input checked="" type="checkbox"/>
DT	RUGER, CLARENCE	735 - 43RD AVE NE	ST PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	FRANK HARLER	5769 CALAIS BLVD. #4	ST. PETERSBURG, FL. 33714	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NP	AL MCCLINTIC	6315 102 TERRACE NO.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	DON TRUMBULL	5335 46 AVE. NO.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	JACK WEST	3658 76 AVE NO.	ST. PETERSBURG, FL. 33702	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PT	JOHN H. SHROBIDGE	3552 IRIS ST. N	ST. PETERSBURG, FLA	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: CLARENCE RUGER

11-11-99

Daytime Phone #

001217

CR2E037 (5/99)