


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N10769</b> 1. Entity Name <b>ST. PETERSBURG AERIE #3658, FRATERNAL ORDER OF EAGLES, INC.</b>						<b>FILED</b> <b>04 OCT 25 PM 1:47</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>3712 51ST AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33714 US</b>				Mailing Address <b>3712 51ST AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33714 US</b>			
2. Principal Place of Business <b>3712 51ST AV. N</b> Suite, Apt. #, etc.				3. Mailing Address <b>3712 51ST AV. N.</b> Suite, Apt. #, etc.			
City & State <b>ST. PETERSBURG, FL.</b>				City & State <b>ST. PETERSBURG, FL.</b>			
Zip <b>33714</b>		Country <b>PINELLAS</b>		Zip <b>33714</b>		Country <b>PINELLAS</b>	
4. FEI Number <b>51-0193461</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>JENKINS, JOHN W JR</b> <b>1927 30TH AVE N</b> <b>SAINT PETERSBURG, FL 33713</b>				7. Name and Address of New Registered Agent Name <b>Alan Corpe</b> Street Address (P.O. Box Number is Not Acceptable) <b>2170 24th Av. N.</b> <b>St. Petersburg, Florida</b> City <b>FL</b> Zip Code <b>33713</b>			
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 <b>Alan Corpe</b> <b>ALAN CORPE</b> <b>Secretary</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10/20/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE <b>P</b> NAME <b>DEPARASIS, JOE</b> STREET ADDRESS <b>3521 38TH ST N</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33713</b>	<input type="checkbox"/> Delete			TITLE <b>8000421646-38</b> NAME <b>10/25/04--01082--005</b> STREET ADDRESS <b>**245.00</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b> NAME <b>EDGAR, SALBREATH</b> STREET ADDRESS <b>6921 39TH ST N</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33707</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>VP</b> NAME <b>JEFF PHIPPS</b> STREET ADDRESS <b>3301 50th Av. N. # 306</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL. 33714</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>S</b> NAME <b>JENKINS, JOHN W JR</b> STREET ADDRESS <b>1927 30TH AVE N</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>Secretary</b> NAME <b>ALAN A. CORPE</b> STREET ADDRESS <b>2170 24th Av. N.</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL. 33713</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>DT</b> NAME <b>PARRILL, ALBERT J</b> STREET ADDRESS <b>24479 US HWY 19 LOT 114</b> CITY-ST-ZIP <b>CLEARWATER, FL 33763</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>Trustee</b> NAME <b>BISCHOFF, LAWRENCE M.</b> STREET ADDRESS <b>3209 47th TERR. N</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33714</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>DT</b> NAME <b>SHURTS, RONALD A</b> STREET ADDRESS <b>7300 13TH AVE N</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33710</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>Trustee</b> NAME <b>CORNELL, RONALD W.</b> STREET ADDRESS <b>4490 46th St. N.</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL. 33714</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>DT</b> NAME <b>MILLER, CHARLES L</b> STREET ADDRESS <b>5023 37TH ST N</b> CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33714</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>Trustee</b> NAME <b>BOWMAN, RONALD</b> STREET ADDRESS <b>10082 61 Circle N</b> CITY-ST-ZIP <b>PINELLAS PARK, FL 33782</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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: <b>Alan Corpe</b> <b>ALAN CORPE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>10/20/04</b> <b>727-526-3986</b> <small>Date Daytime Phone #</small>			