
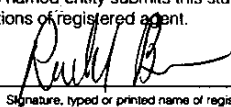
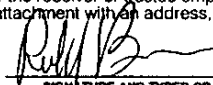


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90035 038 ****70.00

DOCUMENT # N10769 1. Entity Name ST. PETERSBURG AERIE #3658, FRATERNAL ORDER OF EAGLES, INC.					
Principal Place of Business 3712 51ST AVE. N. ST. PETERSBURG, FL 33714 US			Mailing Address 3712 51ST AVE. N. ST. PETERSBURG, FL 33714 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME			
City & State SAME		City & State SAME			
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0193461	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOWMAN, RONALD 10082 61 CIRCLE N PINELLAS PARK, FL 33782				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 		RONALD BOWMAN		1-30-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOROYCE, GEORGE 4505 42 AVE N SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOROYCE, GEORGE 4505 42 AVE N SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLNELL, RONALD W 4490 46TH AVE N SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORNELL, RONALD W 4490 46 AVE N SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWMAN, RONALD 10082 61 CIRCLE N PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWMAN, RONALD 10082 61 CIRCLE N. PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STEPHEN, CHARLES D 12725 IORDA CIRCLE EAST LARGO, FL 33773	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STEPHENSON, CHARLES 12725 IORDA CIRCLE EAST LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LECRONE, ROBERT 5200 28 ST N LOT 356 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LECRONE, ROBERT 5200 28 ST N. LOT 36 SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HESS, JAMES E 4000 25 ST N LOT 405 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HESS, JAMES E 4000 25 ST N. LOT 406 SAINT PETERSBURG, FL 33714
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: 		RONALD BOWMAN		1-30-07 727-526-3986	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	