

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90019 020 ****61.25

DOCUMENT # N14292

1. Entity Name

4108 AERIE IMMOKALEE, FRATERNAL ORDER OF
EAGLES, INC.



Principal Place of Business

403 W N MARKET RD
IMMOKALEE FL 34143

Mailing Address

P.O. BOX 5063
IMMOKALEE FL 34143

J4040010



MOORE CR2E037 (11/03)

2. Principal Place of Business

403 W. N. Market Road
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5063
Suite, Apt. #, etc.

City & State

Immokalee, Fl.

City & State

Immokalee, Fl.

4. FEI Number

59-2528160

Applied For

Not Applicable

Zip

34143

Country

Collier

Zip

34143

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, RICHARD
403 W N MARKET RD
IMMOKALEE FL 34142

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

Richard D Lawson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

4-7-04
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GALLIMORE, KENNETH	
STREET ADDRESS	PO BOX 362	
CITY-ST-ZIP	IMMOKALEE FL 34143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIPMAN, JERRY	
STREET ADDRESS	100 SINGLETARY CR	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	AYALA, MATEO	
STREET ADDRESS	207 WASHINGTON	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, RICHARD	
STREET ADDRESS	403 NEW MARKET RD	
CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, RALPH	
STREET ADDRESS	1731 BEACON POINT RD	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Richard D Lawson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

239-652-2254
Daytime Phone #