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DOCUMENT # N/4292 1. Entity Name 4108 Aeric TMMOKAlee, Fraternal order 07. EAgles						FILED		
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DO NOT WRITE IN THIS SPACE					A JECKÉ TALLAH	FALLAHASSEE, FLORIDA		
• 0 to to t D								
2. Principal Place of Business 403 W. N. MHH Rd.  Suite, Apt. #, etc.  3. Mailing Address P. O. Box Suite, Apt. #, etc.				3		DO NOT WRITE IN THIS SPACE		
City & State  TMMOKAI	lee, 71.	City & State  TIMMOKA	leve, II.		4. FEI Number	9-2528160	Applied For Not Applicable	
zip 34143	Country Co//iex	Zip 34/43		intry //ier	5. Certificate of Sta	atus Desired 🗆 💲	8.75 Additional ee Required	
					7. Name and Addre	ss of Current Registered	Agent	
				Name /	Musay Di.	bard		
	DO NOT V	VRITE			AWSON, K.C	(DO Day Musels as in Mat Assessable)		
	The second se		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	Street Add	iress (P.O. Box Number is N	Ot Acceptable)	MKLRd	
IN THIS SPACE				3			pring-1.C	
				City	nma Wala	okalee FL Zip Code		
R: The above named er	ntity submits this statement	for the number of chan	aina ite register	ad office or re	egistered agent, or both, in t	74	D 97 TZ	
	they desirate this statement	. Tor the perpede of order	/	7	giotorea agent, or both, in t	ile state of Fightag.		
		-0'/	/	<b>/</b>				
SIGNATURE <b>Rich</b>	Ard LAUSON	- Kol	NWW	ww	·	1-21-03		
Signature, typ	ped or printed name of registered age	ent and title if applicable.	(NOTE: Registere	d Agent signature	required when reinstating)	DATE	1	
FEE IS \$61.25 9. Election Camp Initial or Amended UBR Trust Fund Co					\$5.00 May Be Added to Fees			
10.	OFFICERS AND I	DIRECTORS			<u> </u>			
TITLE P	Limora Vaused	<u>.</u>	TITLE		ູຂຸດດເ	ninasaii		
NAME GAILIMORE KENNETH STREET ADDRESS POBOK 362				E	U1722703	24974361	* <del>12</del> 2.50	
	oKAleu, 71, 341	.1.2		ET ADDRESS - ST- ZIP		•		
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ITY-ST-ZIP IMMOKATORE 21 34142			CITY	-ST-ZIP	טט	DO NOT WRITE		
TY-ST-ZIP TMMOULIE 21 34142  TLE AME TREET ADDRESS 403 W.M.K.H. Rd.			TITLE		INI T	IN THIS SPACE		
AME ANDSON, K.ENATO			NAME		114 1	IN THIS SPACE		
STREET ADDRESS   403 M	11.1 7/21	1		ET ADDRESS ST-ZIP	•	4	*	
IMM I	okplea, 71.39	1142				<del></del>		
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TITY-ST-ZIP	16400N: FA NO:	d141		ST-ZiP				
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AME			NAME	,				
TREET ADDRESS				ET ADDRESS	18.		}	
ITY-ST-ZIP	,	``	CITY-	ST-ZIP				
2. Thereby certify that t	the information supplied w	ith this filing does not ou	alify for the ever	notion stated	in Section 119.07(3)(i) Flor	ida Statutes. I further certific	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 on an attachment with an address, with all other like empowered.

RICHAID LANSON 1-21-03 941-657-2254

January 9,2003

F. O. E., #4108 P. O. Box 5063 Immökalee, Fl. 34143

Fl. Dept. of State
Division of Corporations
P. O. Box 6327

Tallassee, Fl. 32314

Attention; Division of Corporations,

2002-Uniform Business Report Document #N-14292-----Fein #59-2528160 Enity Name---4108 Areie Immokalee, Fraternal Order of Eagles

Place of Business----403 W. New Market Road Mailing Address-----P. O. Box 5063 Immokalee,Fl. 34143

This Form was not received and apparently over looked by error:

All Reports in the past were timely Filed and Paid on time.

Would you please waiver the \$175.00, and reinstate us as this was an honest error.

Enclosed you will find a check for \$122.50 for 2002 and 2003 Uniform Business Report.

Thank you,

Registered Agent,

Richard Lawson

JS: Englomes

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