FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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1995 MAR -9 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25389 (0)

1. Corporation Name
FLAGLER COUNTY AERIE #4173, FRATERNAL ORDER OF EAGLES, INC.

Principal Place of Business	Mailing Address
5959 N. OCEANSHORE BLVD FLGLER BEACH FL 32136	5959 N. OCEANSHORE BLVD FLGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1988
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2808059 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5959 N. OCEANSHORE	26 P.O BOX 1735
22 BLVD.	27 FLAGLER BCH, FL 32136
23 PALM COAST, FL	28 FL 32136
24 32137	29 32136
25 FLAGLER	30 FLAGLER

9. Name and Address of Current Registered Agent

NICKEL, VERN
5959 N. OCEASHORE BLVD.
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: JOSEPH J. CLIFTON
82 Street Address (P.O. Box Number is Not Acceptable): 38 PARKVIEW DR.
83
84 City: PALM COAST FL 85 Zip Code: 32164

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 2-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	JOSEPH J. CLIFTON	☑ Change ☐ Addition
NAME	NICKEL, VERN	1.2 NAME	PRESIDENT	
STREET ADDRESS	5959 N. OCEASIDE BLVD.	1.3 STREET ADDRESS	38 PARKVIEW LN	
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	VP	2.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	SIEFKEN, BUTCH	2.2 NAME	DONALD RHODUE	
STREET ADDRESS	5959 N. OCEASHORE BOULEVARD	2.3 STREET ADDRESS	38 FLAMINGO LN.	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	CLIFTON, JOSEPH J.	3.2 NAME		
STREET ADDRESS	135 BLARE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	HYNES, ED	4.2 NAME	2000014286562	
STREET ADDRESS	5959 N. OCEASHORE BOULEVARD	4.3 STREET ADDRESS	-03/10/95--01071--010	
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	****30.00 ****30.00	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, BILL	5.2 NAME		
STREET ADDRESS	10 SWEET BAY DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	DIR	☐ Change ☐ Addition
NAME	HARPER, BILL	6.2 NAME		
STREET ADDRESS	5959 N. OCEASHORE BOULEVARD	6.3 STREET ADDRESS	3-4	
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 2-27-95 904-445-3419
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone Number

0023000