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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 E  
AGLES, INC.

Principal Place of Business

Mailing Address

5959 N. COEANSORE BLVD.  
PALM COAST FL 32137

P.O. BOX 1735  
FLAGLER BEACH FL 32136-1735  
US



3. Date Incorporated or Qualified  
03/14/1988

3a. Date of Last Report  
05/28/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLIFTON, JOSEPH J  
58 PARKVIEW DR.  
PALM COAST FL 32137

81 Name

MICHAEL L VICKERS

82 Street Address (P.O. Box Number is Not Acceptable)

5959 N OCEANSHORE BLVD

83

84 City

PALM COAST

FL

85 Zip Code

32137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Michael L Vickers*

MICHAEL L VICKERS

Secretary

1-30-97

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 ☐ DELETE

NAME RILEY, BRIAN  
STREET ADDRESS 5959 N. OCEAN SHORE BLVD.  
CITY-ST-ZIP PALM COAST FL

TITLE VP ☐ DELETE

NAME STRICKLAND, LEE  
STREET ADDRESS 5959 N. OCEAN SHORE BLVD.  
CITY-ST-ZIP PALM COAST FL

TITLE S ☐ DELETE

NAME CLIFTON, JOSEPH J.  
STREET ADDRESS 135 BLARE DR  
CITY-ST-ZIP PALM COAST FL

TITLE T ☐ DELETE

NAME CARLTON, ANTHONY  
STREET ADDRESS 5959 N. OCEAN SHORE BLVD.  
CITY-ST-ZIP PALM COAST FL

TITLE T ☐ DELETE

NAME DEMOREO, DOVE  
STREET ADDRESS 5959 N. OCEAN SHORE BLVD.  
CITY-ST-ZIP PALM COAST FL

TITLE T ☐ DELETE

NAME HARPER, BILL  
STREET ADDRESS 5959 N. OCEANSHORE BOULEVARD  
CITY-ST-ZIP PALM COAST FL

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME STRICKLAND LEE  
1.3 STREET ADDRESS 5959 N. OCEAN SHORE BLVD  
1.4 CITY-ST-ZIP PALM COAST FL 32137

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME MONTY FREELAND  
2.3 STREET ADDRESS 5959 N OCEAN SHORE BLVD  
2.4 CITY-ST-ZIP PALM COAST FL 32137

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME MICHAEL L VICKERS  
3.3 STREET ADDRESS 5960 N OCEAN SHORE BLVD  
3.4 CITY-ST-ZIP PALM COAST FL 32137

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE T ☒ Change ☐ Addition

5.2 NAME ERNIE STUCKEY  
5.3 STREET ADDRESS 5959 N. OCEAN SHORE BLVD  
5.4 CITY-ST-ZIP PALM COAST FL 32137

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

*Michael L Vickers*

Secretary

MICHAEL L VICKERS 904-445-5827

CR2E037 (9/96)