

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 5959 N. COEANSHORE BLVD. PALM COAST FL 32137	Mailing Address P.O. BOX 1735 FLAGLER BEACH FL 32138 US
--	---



21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Country
24 Zip	25 Country
28 Zip	30 Country

3. Date Incorporated or Qualified 03/14/1988	
4. FEI Number 59-2808059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VICKERS, MICHAEL L
5959 N OCEANSHORE BLVD
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	PRES.
NAME	FREELAND, MONTY	1.2 NAME	YERN NICKOL
STREET ADDRESS	5959 N. OCEAN SHORE BLVD.	1.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	PALM COAST FL
TITLE	D	2.1 TITLE	VP
NAME	STROIKLAND, LEE	2.2 NAME	CARLTON, ANTHONY
STREET ADDRESS	5959 N. OCEAN SHORE BLVD.	2.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	PALM COAST FL
TITLE	S	3.1 TITLE	TUSTEE
NAME	VICKERS, MICHAEL L	3.2 NAME	MORGAN, WILLIAM
STREET ADDRESS	5960 N OCEAN SHORE BLVD	3.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	PALM COAST FL
TITLE	T	4.1 TITLE	TRUSTEE
NAME	CARLTON, ANTHONY	4.2 NAME	RILEY, BRIAN
STREET ADDRESS	5959 N. OCEAN SHORE BLVD.	4.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	PALM COAST FL
TITLE	T	5.1 TITLE	TRUSTEE
NAME	STUCKEY, ERNIE	5.2 NAME	BRUBAKER, RICHARD
STREET ADDRESS	5959 N. OCEAN SHORE BLVD.	5.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	PALM COAST FL
TITLE	T	6.1 TITLE	TR
NAME	HARPER, BILL	6.2 NAME	MAVANTI, GARY
STREET ADDRESS	5959 N. OCEASHORE BOULEVARD	6.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	PALM COAST FL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	PRES.
NAME	FREELAND, MONTY	1.2 NAME	YERN NICKOL
STREET ADDRESS	5959 N. OCEAN SHORE BLVD.	1.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	PALM COAST FL
TITLE	D	2.1 TITLE	VP
NAME	STROIKLAND, LEE	2.2 NAME	CARLTON, ANTHONY
STREET ADDRESS	5959 N. OCEAN SHORE BLVD.	2.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	PALM COAST FL
TITLE	S	3.1 TITLE	TUSTEE
NAME	VICKERS, MICHAEL L	3.2 NAME	MORGAN, WILLIAM
STREET ADDRESS	5960 N OCEAN SHORE BLVD	3.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	PALM COAST FL
TITLE	T	4.1 TITLE	TRUSTEE
NAME	CARLTON, ANTHONY	4.2 NAME	RILEY, BRIAN
STREET ADDRESS	5959 N. OCEAN SHORE BLVD.	4.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	PALM COAST FL
TITLE	T	5.1 TITLE	TRUSTEE
NAME	STUCKEY, ERNIE	5.2 NAME	BRUBAKER, RICHARD
STREET ADDRESS	5959 N. OCEAN SHORE BLVD.	5.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	PALM COAST FL
TITLE	T	6.1 TITLE	TR
NAME	HARPER, BILL	6.2 NAME	MAVANTI, GARY
STREET ADDRESS	5959 N. OCEASHORE BOULEVARD	6.3 STREET ADDRESS	5959 N. OCEAN SHORE BLVD
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	PALM COAST FL

14. 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 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: *William Morgan* 1/13/98

CFR2037 (10/97)