

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90150 029 ****70.00

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DOCUMENT # N25389

1. Corporation Name

FLAGLER COUNTY AERIE #4173, FRATERNAL ORDER OF E
AGLES, INC.

Principal Place of Business

5959 N. COEANSORE BLVD.
PALM COAST FL 32137

Mailing Address

P.O. BOX 1735
FLAGLER BEACH FL 32138
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. Box 343

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/14/1988

4. FEI Number

59-2808059

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VICKERS, MICHAEL L
5959 N OCEANSORE 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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VERN NICKOL
STREET ADDRESS 5959 N OCEAN SHORE BLVD
CITY-ST-ZIP PALM COAST FL

TITLE VP ☐ DELETE

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

TITLE T ☐ DELETE

NAME MORGAN, WILLIAM
STREET ADDRESS 5960 N OCEAN SHORE BLVD
CITY-ST-ZIP PALM COAST FL

TITLE T ☐ DELETE

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

TITLE T ☐ DELETE

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

TITLE TR ☐ DELETE

NAME NAVENTI, GARY
STREET ADDRESS 5959 N. OCEASHORE BOULEVARD
CITY-ST-ZIP PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L VICKERS 2-12-99

Date

Daytime Phone #

CR2E037 (11/98)