2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2004
Secretary of State

DOCUMENT# N25389

Entity Name: FLAGLER COUNTY AERIE #4173, FRATERNAL ORDER OF EAGLES, INC.

Current Principal Place of Business:

5959 N. COEANSHORE BLVD.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

PO BOX 343
FLAGLER BEACH, FL 32136 US

New Mailing Address:

FEI Number: 59-2808059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

O'BOYLE, LENNY
5959 N. OCEAN SHORE BLVD.
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORGAN, BILL
Address: 5959 N OCEAN SHORE BLVD
City-St-Zip: PALM COAST, FL

Title: T ( ) Delete
Name: CLOSE, JEFF
Address: 5959 N OCEANSHORE BLVD.
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete
Name: NELSON, DAVID
Address: 5959 N OCEANSHORE BLVD.
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete
Name: LINN, JOHN
Address: 5959 N OCEANSHORE BLVD.
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete
Name: JONAS, JIM
Address: 31 N SHADY LANE
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete
Name: WALTMAN, CRAIG
Address: 5959 N OCEANSHORE BLVD.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P SHANK SECR 10/28/2004
Electronic Signature of Signing Officer or Director Date