

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 005 ****61.25

DOCUMENT # N27015

1. Entity Name

**SOUTHWEST VOLUSIA AERIE 4201, FRATERNAL ORDER
OF EAGLES, INC.**



Principal Place of Business

**156 E. MICHIGAN AVE.
ORANGE CITY FL 32763**

Mailing Address

**156 E. MICHIGAN AVE.
ORANGE CITY FL 32763**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2887162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOYD, ROBERT H
356 W. FRENCH AVE.
ORANGE CITY FL 32763**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ROBERT H. BOYD - TRUSTEE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **S**
STREET ADDRESS **BLAZER, RAYMOND**
CITY-ST-ZIP **2473 COUNTRY SIDE DRIVE
ORANGE CITY FL 32763**

TITLE ☐ Delete

NAME **BT**
STREET ADDRESS **BOYD, ROBERT H**
CITY-ST-ZIP **356 W. FRENCH AVE
ORANGE CITY FL 32763**

TITLE ☒ Delete

NAME **T**
STREET ADDRESS **HATHAWAY, GARY**
CITY-ST-ZIP **KENTUCK AVE
DELTONA FL**

TITLE ☐ Delete

NAME **T**
STREET ADDRESS **CORDELL, RALPH**
CITY-ST-ZIP **475 FRENCH AVE
ORANGE CITY FL 32763**

TITLE ☐ Delete

NAME **T**
STREET ADDRESS **OWEN, MICHAEL**
CITY-ST-ZIP **836 RIGGS AVE
OSTEE FL 32764**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **T**
STREET ADDRESS **GLEN KINCAID**
CITY-ST-ZIP **1788 OAKLEY AVE.
DELAND, FL 32720**

TITLE ☒ Change ☐ Addition

NAME **T**
STREET ADDRESS **ANTHONY WASELICH**
CITY-ST-ZIP **440 WILLIAMS AVE
ORANGE CITY, FL 32763**

TITLE ☒ Change ☐ Addition

NAME **R**
STREET ADDRESS **ROBERT JACKETT**
CITY-ST-ZIP **8 SMYRNA DR.
DEBARY, FL 32713**

TITLE ☒ Change ☐ Addition

NAME **A**
STREET ADDRESS **HAROLD VAN AMBERGEN**
CITY-ST-ZIP **351 COLUMA RD.
DEBARY, FL 32713**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond C. Blazer

4/4/06 386-225-5329