2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 18, 2008 8:00 am Secretary of State

DOCUMENT # N27015 1. Entity Name SOUTHWEST VOLUSIA AERIE 4201, FRATERNAL. ORDER OF EAGLES, INC.					07-18-2008 90015 048 ****61.25					
156 E. MICHIGAN AVE. 156		Mailing Address 156 E. MICHIGAN AVE. ORANGE CITY, FL 32763	156 E. MICHIGAN AVE.		60045129					
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2. Principal Place of Business - No P.O. Box # 3. I		3. Mailing Address 156 E. Michigan Ave								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07022008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State C.1	Y FL		4. FEI Number 59-2887				oplied For	
3271	Y	32763	Country DLVS V	1	5. Certificate	of Status Desired	- 0	\$8.75 Add		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of Nev	v Registered	Agent		
BOYDE, ROBERT H			Name	Name Same						
356 W. FRENCH AVE CORANGE CITY, FL 32763			Street	Street Address (P.O. Box Number is Not Acceptable)						
\$ 1.00 miles			City				FL	Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office	or register	ed agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept	
the obligat	ions of registered agent.	2								
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SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: A	Registered Agent sign	sture required	when reinstating)		DATE	03-0	<u></u>	
SIGNATURE .				ature required			DATE			
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 ue by September 12, 2008	9. Election Camp	aign Financing	sture required	\$5.00 May Bo Added to Fees		DATE	k payable t	0	
	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May B	F	Make chec lorida Depa	k payable t	o tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

7-3-08

386-775-5329

Daytime Phone #