



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-18-2008 90015 048 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N27015</b>  |  |  |   |                   |  |
| <b>1. Entity Name</b><br>SOUTHWEST VOLUSIA AERIE 4201, FRATERNAL ORDER OF EAGLES, INC.  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>156 E. MICHIGAN AVE.<br>ORANGE CITY, FL 32763   |  |  | <b>Mailing Address</b><br>156 E. MICHIGAN AVE.<br>ORANGE CITY, FL 32763   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>156 E. MICHIGAN AVE  |  | <b>3. Mailing Address</b><br>156 E. MICHIGAN AVE   |   | 60045129<br><br> |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |  |  |
| <b>City &amp; State</b><br>ORANGE CITY  |  | <b>City &amp; State</b><br>ORANGE CITY, FL   |   |  |  |
| <b>Zip</b><br>32763   |  | <b>Country</b><br>VOLUSIA  |   |  |  |
| <b>4. FEI Number</b><br>59-2887162  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BOYDE, ROBERT H<br>356 W. FRENCH AVE<br>ORANGE CITY, FL 32763   |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>SAME</u><br>Street Address (P.O. Box Number is Not Acceptable):<br>City: <u>FL</u> Zip Code: |  |  |
| <b>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.</b><br>SIGNATURE: <u>Robert H. Boyd</u> DATE: <u>7-03-08</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>BAZINET, DAVID P<br><b>STREET ADDRESS</b><br>245 WILLIAMS AVE<br><b>CITY-ST-ZIP</b><br>ORANGE CITY, FL 32763  | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>S<br><b>NAME</b><br>VAN AMBURGH, HAROLD G<br><b>STREET ADDRESS</b><br>251 COLUMBIA RD<br><b>CITY-ST-ZIP</b><br>DEBARY, FL 32713             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |
| <b>TITLE</b><br>T<br><b>NAME</b><br>CORDELL, RALPH W<br><b>STREET ADDRESS</b><br>475 E. RANCH AVE<br><b>CITY-ST-ZIP</b><br>ORANGE CITY, FL 32763  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>C<br><b>NAME</b><br>CAMPBELL, HENRY C<br><b>STREET ADDRESS</b><br>2424 CROSSRIDGE RD<br><b>CITY-ST-ZIP</b><br>ORANGE CITY, FL 32763         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |
| <b>TITLE</b><br>T<br><b>NAME</b><br>TOZZO, CHRISTIAN D<br><b>STREET ADDRESS</b><br>840 LANCASTER ST.<br><b>CITY-ST-ZIP</b><br>ORANGE CITY, FL 32763   | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>T<br><b>NAME</b><br>BURNS CHRISTOPHER M<br><b>STREET ADDRESS</b><br>1850 BOUNDARY ST<br><b>CITY-ST-ZIP</b><br>DELAND, FL 32720              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |
| <b>TITLE</b><br>T<br><b>NAME</b><br>YANNI, JOHN B<br><b>STREET ADDRESS</b><br>P. O. BOX 740249<br><b>CITY-ST-ZIP</b><br>ORANGE CITY, FL 32763   | <input type="checkbox"/> Delete            |  | <b>TITLE</b><br>P<br><b>NAME</b><br>TACKETT ROGER D<br><b>STREET ADDRESS</b><br>8 SMYRNA DR<br><b>CITY-ST-ZIP</b><br>DEBARY, FL 32713                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>SMITH, STEVE J II<br><b>STREET ADDRESS</b><br>1222 CURTIS ST.<br><b>CITY-ST-ZIP</b><br>ORANGE CITY, FL 32763  | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>P<br><b>NAME</b><br>TACKETT ROGER D<br><b>STREET ADDRESS</b><br>8 SMYRNA DR<br><b>CITY-ST-ZIP</b><br>DEBARY, FL 32713                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |
| <b>TITLE</b><br>A<br><b>NAME</b><br>AMBUREH, HAROLD V<br><b>STREET ADDRESS</b><br>351 COLUMA RD<br><b>CITY-ST-ZIP</b><br>DEBARY, FL 32713   | <input checked="" type="checkbox"/> Delete |  | <b>TITLE</b><br>T<br><b>NAME</b><br>REILLY, NORMA J.<br><b>STREET ADDRESS</b><br>1850 BOUNDARY ST<br><b>CITY-ST-ZIP</b><br>DELAND, FL 32720                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                       |  |
| <b>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.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>Harold Van Ambureh</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | Date: <u>7-3-08</u> Daytime Phone #: <u>386-775-5329</u>  |  |  |