

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90062 022 ****61.25

DOCUMENT # N40274

1. Entity Name

FRATERNAL ORDER OF EAGLES #4256 INC.



Principal Place of Business

13 S DIXIE HWY
SAINT AUGUSTINE FL 32084
US

Mailing Address

PO BOX 3162
ST. AUGUSTINE FL 32085
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3012121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, ALONZO
436 MANGO CIRCLE
SAINT AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name Henry J. BAGGS

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

1937 CARTER RD

City ST AUGUSTINE FL

FL

Zip Code 32084

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 [Signature]

Henry BAGGS

2-12-08

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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	T	<input checked="" type="checkbox"/> Delete
NAME	INMAN, JOHN	
STREET ADDRESS	303 B ANASTASIA BLVD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32080	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEARY, RON	
STREET ADDRESS	1220 THOMPSON BAILEY ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEERING, TOM	
STREET ADDRESS	555 HAYLEY RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WATHEN, GENE	
STREET ADDRESS	862 ERVIN ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, BRAD	
STREET ADDRESS	13 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID HAM	
STREET ADDRESS	109 PORPOISE RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE HOLT	
STREET ADDRESS	13 SOUTH DIXIE HWY	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD FRASER	
STREET ADDRESS	18 S. LEONARDI	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY FARRIS	
STREET ADDRESS	730 B HOLMES BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES GARRETT	
STREET ADDRESS	3375 CARMEL RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE WHEELER	
STREET ADDRESS	1638 NATALIE RD	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	

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: [Signature] DAVID HAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-8

904-669-4439

Date

Daytime Phone #