


# 2005 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90120 028 \*\*\*\*61.25

<b>DOCUMENT # N48038</b>	
1. Entity Name <b>FRATERNAL ORDER OF EAGLES, INC. SKYLINE ARIE #4270</b>	

Principal Place of Business <b>885 PONDELLA ROAD N. FT. MYERS FL 33903</b>	Mailing Address <b>885 PONDELLA ROAD N. FT. MYERS FL 33903</b>
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2. Principal Place of Business <b>903 Pondella Rd</b>	3. Mailing Address <b>903 Pondella Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>N.Ft.Myers Fl 33903</b>	City & State <b>N.Ft.Myers Fl 33903</b>
Zip <b>33903</b>	Country <b>Lee</b>
Zip <b>33903</b>	Country <b>Lee</b>

1st MOORE	CR2E037 (10/04)
4. FEI Number <b>65-0242510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BAKER, IRVING L 885 PONDELLA RD N FT MYERS FL 33903</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BIDDLE, JERRY M 885 PONDELLA RD FORT MYERS FL 33903</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS BAKER, IRVING L 885 PONDELLA ROAD N FT. MYERS FL 33903</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PWP WHEELER, TIMOTHY A 2932 GARDEN ST. NORTH FORT MYERS FL 33903</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>E Nolder Edward 903 Pondella Rd N.Ft.Myers Fl 33903</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS Baker Irving L. 903 Pondella Rd N.Ft.Myers Fl 33903</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **Irving L. Baker** **5/6/05 239-995-4270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #