## 2008 NOT-FOR-PROFIT CORPORATION

## Mar 11, 2008 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # N48038 1. Entity Name 03-11-2008 90018 016 \*\*\*\*61.25 FRATERNAL ORDER OF EAGLES, INC. SKYLINE ARIE #4270 Principal Place of Business Mailing Address 903 PONDELLA RD 903 PONDELLA RD N. FT. MYERS FL 33903 N. FT. MYERS FL 33903 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 65-0242510 Not Applicable Ζiρ Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFRICHTER, J K Street Address (P.O. Box Number is Not Acceptable) 903 PONDELLA ROAD NORTH FORT MYERS FL 33903 Zip Code City 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. Larn familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or minted name of registered agent and the disriptionate (NOTE: Begistered Agent signature recound when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change | TITLE TiTi F Addition **Delate** BIDDLE, JERRY M NAME MARKE 903 Pondolla RA VC+Myers fl 33903 903 PONDELLA ROAD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33903 CITY-ST-ZIP CITY-ST-Z-P TITLE ☐ Change Addition Delate THE BAKER, IRVING L NAME MANE 903 PONDELLA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N FT. MYERS FL 33903 CITY-ST-ZIP Delete TITLE ☐ Change \_\_\_ Addition TITLE HOFFRICHTER, J K NAME NAME 903 PONDELLA RD STREET ADDRESS STREET ADDRESS CITY- ST- ZIP NORTH FORT MYERS FL 33903 CITY-ST-7/P Addition 🛣 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HTLE Change ☐ Addition THLE ☐ Dalete MAME

12. Thereby 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 offect as if made under outn; 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

STREET #DUPESS

STREET ADDRESS

CITY-ST-ZIP

CHY-ST-ZIP

TITLE

MAME

Delete

with an address, with all other like empowered. SIGNAT

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

239.995.4270

Change

Addition

FILED