


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90042 018 \*\*\*\*61.25

<b>DOCUMENT # N50111</b> 1. Entity Name <b>FRATERNAL ORDER OF EAGLES AERIE #4257, INCORPORATED</b>					
Principal Place of Business <b>600 N. COURTNEY PKWY MERRITT ISLAND FL 32953 US</b>			Mailing Address <b>600 N. COURTNEY PKWY MERRITT ISLAND FL 32953 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3100339</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>GENOVESI, JOHN F. 39 WINAR DR MERRITT ISLAND FL 32953</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>S</b> <b>CRAWFORD, NORMAN</b> <b>2510 CAPEVIEW STREET</b> <b>MERRITT ISLAND FL 32952</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	<b>Hebig, Mike</b> <b>119 First St</b> <b>MERRITT Island FL 32953</b>	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>PWP</b> <b>WILKINS,, DANNY</b> <b>4670 DOWLING CIRCLE</b> <b>COCOA FL 32927</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>BUBACK, KENNETH</b> <b>390 INLET AVE</b> <b>MERRITT ISLAND FL 32953</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>TAPPER, CHRIS</b> <b>247 SAK BOAT CIRCLE</b> <b>COCOA FL 32926</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>BARKLEY, BOB</b> <b>250 MONTEGO BAY COURT</b> <b>MERRITT ISLAND FL 32953</b>		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T</b> <b>ANDERSON, ARTHUR W</b> <b>3421 LEGAY ST</b> <b>COCOA FL 32926</b>		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 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.					
<b>SIGNATURE:</b> <i>Norman Crawford</i> <span style="float: right;">1-19-07 321-452-4258</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					