

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003583 (1)

1. Corporation Name

PUNTA GORDA FRATERNAL ORDER OF EAGLES #4331, INC



Principal Place of Business

Mailing Address

252 WEST MARION AVENUE
PUNTA GORDA FL 33950

252 WEST MARION AVENUE
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FCI Number
65-0509350
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OAKS, DAVID K ESQ.
252 WEST MARION AVENUE
PUNTA GORDA FL 33950

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME NICHOLS, FRED
STREET ADDRESS 4021 INDIANA DRIVE
CITY-ST-ZIP PUNTA GORDA FL 33982

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE STD
NAME WAGEL, MIKE
STREET ADDRESS 872 N. W. DEEDRA STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME KITTELLE, WILLIAM
STREET ADDRESS 3486 HARBOR BOULEVARD
CITY-ST-ZIP PORT CHARLOTTE FL 33952

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME GRZECZOWSKI, JOSEPH
STREET ADDRESS 240 COBLENTZ STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

41 TITLE D
42 NAME LEEPER, DENNIS
43 STREET ADDRESS 324-A COOPER ST.
44 CITY-ST-ZIP PUNTA GORDA, FL. 33982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mike Wagel MIKE WAGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/96 (941) 627-1031

Date

Daytime Phone #

05 8/23/96 0013761

CR2E037 (3/96)