


FILE NOW: FILING FEE IS \$61.25

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Jul 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003583 (1)**

1. Corporation Name

**PUNTA GORDA FRATERNAL ORDER OF EAGLES #4331, INC**



Principal Place of Business <b>252 WEST MARION AVENUE PUNTA GORDA FL 33950</b>	Mailing Address <b>252 WEST MARION AVENUE PUNTA GORDA FL 33950-4435</b>
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2. Principal Place of Business <b>21 P.O. Box 512203</b>		2a. Mailing Address <b>26 P.O. Box 512203</b>		3. Date Incorporated or Qualified <b>07/11/1994</b>	3a. Date of Last Report <b>08/23/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0509350</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 PUNTA GORDA, FL</b>		City & State <b>28 PUNTA GORDA, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24 33951-2203</b>		Zip <b>29 33951-2203</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country <b>25 CHARLOTTE</b>		Country <b>30 CHARLOTTE</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>OAKS, DAVID K ESQ. 252 WEST MARION AVENUE PUNTA GORDA FL 33950</b>		10. Name and Address of New Registered Agent <b>81 Name FRED H. NICHOLS 82 Street Address (P.O. Box Number is Not Acceptable) 4021 INDIANA DRIVE 83 84 City PUNTA GORDA FL 85 Zip Code 33982</b>	
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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 **FRED H. NICHOLS** (NOTE: Registered Agent signature required when reinstating) DATE **JUL 17, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NICHOLS, FRED</b>		1.2 NAME	
STREET ADDRESS <b>4021 INDIANA DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL 33982</b>		1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WAGEL, MIKE</b>		2.2 NAME	
STREET ADDRESS <b>872 N. W. DEEDRA STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33952</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KITTELLE, WILLIAM</b>		3.2 NAME	
STREET ADDRESS <b>3488 HARBOR BOULEVARD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PORT CHARLOTTE FL 33952</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LEEPER, DENNIS</b>		4.2 NAME	
STREET ADDRESS <b>324-A COOPER ST.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL 33982</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)