


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90055 048 ****61.25

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1. Entity Name
FRATERNAL ORDER OF EAGLES, FLORIDA STATE AERIE, INC.



Principal Place of Business
**2317 BUTLER STREET
 LEESBURG, FL 34748**

Mailing Address
**2317 BUTLER STREET
 LEESBURG, FL 34748**


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40000000



01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2326442

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SARGENT, ABNER N
 2317 BUTLER STREET
 LEESBURG, FL 34748**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REPP, ERNIE	
STREET ADDRESS	913 DUNRAVEN DR	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	S	<input type="checkbox"/> Delete
NAME	SARGENT, ABNER N	
STREET ADDRESS	2317 BUTLER STREET	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HOUGHTALING, BASIL	
STREET ADDRESS	198 PALM AIR DRIVE	
CITY-ST-ZIP	OSPREY, FL 34275	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNOX, TOM	
STREET ADDRESS	3431 S.W. 15TH CT.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOODY, JOE	
STREET ADDRESS	116 POWELL BLVD, APT 5-103	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBE, GEOFF	
STREET ADDRESS	1550 NEWBRIDGE LANE	
CITY-ST-ZIP	ORLANDO, FL 32825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBO, CECIL	
STREET ADDRESS	618 PALMETTO BLUFF RD	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNE, DAVE	
STREET ADDRESS	119 SW 7TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCACCIO, JOHN	
STREET ADDRESS	2509 MESQUITE PL	
CITY-ST-ZIP	KISSIMMEE FL 3474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Abner N. Sargent **Abner N. Sargent** Secretary 352-360-2326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #