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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004420

1. Corporation Name

FRATERNAL ORDER ORIOLES NEST 283 INC.

Principal Place of Business

2218 SE 13TH ST
CAPE CORAL FL 33990

Mailing Address

2218 SE 13TH ST
CAPE CORAL FL 33990



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

65-0722241

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

9. Name and Address of Current Registered Agent

PHILLIPS, MICHAEL
2218 SE 13TH ST
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

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

TITLE TSD ☐ DELETE

NAME PHILLIPS, MICHAEL

STREET ADDRESS 2218 SE 13TH ST

CITY-ST-ZIP CAPE CORAL FL 33990

TITLE T ☐ DELETE

NAME RYAN, WAYNE

STREET ADDRESS 4527 KILMER CT.

CITY-ST-ZIP N. FT. MYERS FL 33903

TITLE TD ☐ DELETE

NAME RYAN, RONALD

STREET ADDRESS 1919 SE 1ST ST.

CITY-ST-ZIP CAPE CORAL FL 33990

TITLE S ☐ DELETE

NAME HARVEY, RODNEY

STREET ADDRESS 1201 SW 106 ST.

CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VP ☐ DELETE

NAME BRATCHON, DWIGHT

STREET ADDRESS 1306 NE 7TH AVE.

CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PD ☐ DELETE

NAME LEMMERMAN, ART

STREET ADDRESS 12121 S LATON RD.

CITY-ST-ZIP N. FT. MYERS FL 33917

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Michael Phillips Michael Phillips 2-15-99 941-772-3719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)