2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jul 12, 2006 8:00 am Secretary of State DOCUMENT # N96000004420 07-12-2006 90006 019 ****70.00 FRATERNAL ORDER ORIOLES NEST 283 INC. Principal Place of Business Mailing Address 2218 SE 13TH ST 2218 SE 13TH ST CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 Mailing Address 304 DE1 Prado Blud S 2. Principal Place of Business 304 Del Prado Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 07072006 CR2E037 (4/06) Chg-NP H+BCity & State Applied For 4. FEI Number City & State 65-0722241 $\mathcal{O}\mathcal{L}\mathcal{O}$ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3900 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name Cassett, Timothy P Street Address (P.O. Box Number is Not Acceptable) PHILLIPS, MICHAEL 2218 SE 13TH ST CAPE CORAL, FL 33990 919 A SE 14th St. Cape Coral 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. imothy cosselt psot SIGNATURE 9. Election Campaign Financing \$5.00 May Be Added to Fees Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. P/S/D/T easett, Timothy 919 A. SE 14th St Cage Coral, Fl 33990 TELLE TITLE Addition Delete PHILLIPS, MICHAEL NAME NAME 2218 SE 13TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP Delete Addition TITLE ☐ Change morane John 5354 Boyahore ave RYAN, WAYNE NAME NAME 4527 KILMER CT. STREET ADDRESS STREET ADDRESS Care Coral, 77 33914 CITY-ST-ZIP N. FT. MYERS, FL 33903 CITY-ST-ZIP TD **D**Delete TITLE TITLE ☐ Change Addition MINE COTOL FI. 3991 NAME RYAN, RONALD 1919 SE 1ST ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** gal avocado pr HARVEY, RODNEY NAME NAME 1201 SW 106 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-7IP VΡ Delete TITLE TITLE [] Change ☐ Addition BRATCHON, DWIGHT NAME 1306 NE 7TH AVE. STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition LEMMERMAN, ART NAME MALE STREET ADDRESS 12121 S LATON RD. STREET ADDRESS N. FT. MYERS, FL 33917 CITY-ST-ZIP CHY-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 truetee 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 appeadiress, with all other like empowered.

SOLIDATE OF DESCRIPTION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

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