

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 31, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000002261 (2)

1. Corporation Name

FORT LAUDERDALE FRATERNAL ORDER OF EAGLES, AERIE  
#3140, INC.

Principal Place of Business

Mailing Address

400 S.W. 27 AVENUE  
FORT LAUDERDALE FL 33312

400 S.W. 27 AVENUE  
FORT LAUDERDALE FL 33312

FILED

98 DEC 14 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

☒ 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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

MUTTON, JOHN C  
501 S.W. 27 AVENUE  
FORT LAUDERDALE FL 33312

81 Name

Harrison Hargest

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

1810 SW 23rd Terr.

83

84 City

Ft. Lauderdale

FL

85 Zip Code  
33312

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

Harrison Hargest, Treasurer

(NOTE: Registered Agent signature required when reinstating)

9-29-98

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME RODGERS, THOMAS S  
STREET ADDRESS 60 HENDRICKS ISLE, APT. #2  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE VP ☒ DELETE

NAME VANANTWERP, STANLEY R  
STREET ADDRESS 1665 S.W. 30 AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE S ☒ DELETE

NAME MUTTON, JOHN C  
STREET ADDRESS 501 S.W. 27 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE T ☒ DELETE

NAME DEVONMILLE, JOHN  
STREET ADDRESS 5370 REDWOOD ROAD  
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME B 12/17/98 AR  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME 598126909590-  
STREET ADDRESS -05/05/98-96516-003  
CITY-ST-ZIP \*\*\*\*\*65.00 \*\*\*\*\*65.00

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Charles Johnson  
1.3 STREET ADDRESS 2409 Waterside Dr.  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33312

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME John Dustin, Jr.  
2.3 STREET ADDRESS 520 SW 12 Street  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33312

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Harold Hair  
3.3 STREET ADDRESS 3649 SW 16 CT  
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33312

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME Harrison Hargest  
4.3 STREET ADDRESS 1810 SW 23rd Terr.  
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33312

5.1 TITLE TRUSTEE ☐ Change ☒ Addition

5.2 NAME SAMUEL SWACKHAMER  
5.3 STREET ADDRESS 2400 W BROWARD BLVD, #1817  
5.4 CITY-ST-ZIP FT. LAUDERDALE FL 33312

6.1 TITLE TRUSTEE ☐ Change ☒ Addition

6.2 NAME HARRY C. WOLFENBERGER  
6.3 STREET ADDRESS 1500 SE 16 ST # 219  
6.4 CITY-ST-ZIP FT. LAUDERDALE FL 33316

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.

SIGNATURE:

Harrison Hargest, HARRISON HARGEST

9-29-98

954-929-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)