

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90019 041 \*\*\*\*61.25

0000417

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N97000002261**

1. Corporation Name  
**FORT LAUDERDALE FRATERNAL ORDER OF EAGLES, AERIE #3140, INC.**

Principal Place of Business 400 S.W. 27 AVENUE FORT LAUDERDALE FL 33312	Mailing Address 400 S.W. 27 AVENUE FORT LAUDERDALE FL 33312
---	---



2. Principal Place of Business 21	2a. Mailing Address 26 c/o Harold Hair	3. Date Incorporated or Qualified 04/21/1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 3649 SW 16 Ct.	4. FEI Number -APPLIED FOR 59-3091216
23 City & State	28 City & State Ft. Lauderdale, FL	Applied For Not Applicable
24 Zip Country	29 Zip 33312	30 Country Broward
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>HARGEST, HARRISON 1810 SW 23RD TERR. FORT LAUDERDALE FL 33312</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES	1.2 NAME	
STREET ADDRESS	2409 WATERSIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSTIN, JOHN JR	2.2 NAME	
STREET ADDRESS	520 SW 12 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIR, HAROLD	3.2 NAME	
STREET ADDRESS	3649 SW 16 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGEST, HARRISON	4.2 NAME	Hargest, Harrison
STREET ADDRESS	1810 SW SW 16 CT	4.3 STREET ADDRESS	1810 SW 23 Terr.
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWACKHAMER, SAMUEL	5.2 NAME	Swackhammer, Samuel
STREET ADDRESS	2400 W. BROWARD BLVD., #1817	5.3 STREET ADDRESS	2400 W. Broward Blvd. #1817
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFENBERGER, HARRY C	6.2 NAME	Tory Jensen
STREET ADDRESS	1500 SE 1S ST #219	6.3 STREET ADDRESS	4925 SW 12 Ct.
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33317

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: HARRISON J. HARGEST **HARRISON J. HARGEST** 3-29-99 954-929-0300  
 Date Daytime Phone #

CR2E037 (1/198)