


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90097 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000007074					
1. Corporation Name FRATERNAL ORDER OF EAGLES AERIE NO. 3896, INC.					
Principal Place of Business 6480 S KANNER HWY STUART FL 34997			Mailing Address 6480 S KANNER HWY STUART FL 34997		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/01/1998 4. FEI Number 59-2450382	
9. Name and Address of Current Registered Agent HOGAN, DENNIS 6480 S KANNER HWY STUART FL 34997		10. Name and Address of New Registered Agent 81 Name Robert Winthers 82 Street Address (P.O. Box Number is Not Acceptable) 6480 S. Kanner Hwy 83 84 City Stuart FL 85 Zip Code 34997			
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 <i>Robert Winthers</i> DATE 4-25-99					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
President Charles Baker 6480 So. Kanner Hwy. Stuart, FL 34997					
Vice President Donald Sparks 6480 So. Kanner Hwy Stuart, FL 34997					
TRUSTEE JOHN MAZZA 6480 So. Kanner Hwy Stuart, FL 34997					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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: *Robert Winthers* SIGNATURE REQUIRED

4-25-99 2876918

Date

Daytime Phone #

CR2E037 (1/98)