


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90051 029 \*\*\*\*70.00

<b>DOCUMENT # N98000004373</b> 1. Entity Name FRATERNAL ORDER OF EAGLES AERIE #4408, INC.					
Principal Place of Business 38555 US 19 NORTH PALM HARBOR, FL 34684				Mailing Address 38555 US 19 NORTH PALM HARBOR, FL 34684	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3512994	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VEKASI, DAVID L 38555 US 19 NORTH PALM HARBOR, FL 34684			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAGEL, GERARD 37376 US HWY 19 LOT 21 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eugene Seabolt 511 Ulelah Ave. Palm Harbor, Fl 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEKASI, DAVID L. 345 STRATHMORE AVENUE OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	104 Old Mill Pond Rd Palm Harbor, Fl 34683	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PHILLIPS, ELMER 102 HILLCREST BLVD SAFETY HARBOR, FL 34695		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michael Held 37182 US 19 N Palm Harbor, Fl 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIGHT, ROBERT 3346 SALISBURY DRIVE HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDELL, WILLIAM 1100 BEE POND RD PALM HARBOR, FL 34683		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Robert Spencer 3152 N. Canal Dr. Palm Harbor, Fl 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-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 trustee 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 an address, with all other like empowered.					
<b>SIGNATURE</b> <i>David L. Vekasi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/14/06 727-784-7624 <small>Date Daytime Phone #</small>		