

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004373

FILED
Jan 12, 2009
Secretary of State

Entity Name: FRATERNAL ORDER OF EAGLES AERIE #4408, INC.

Current Principal Place of Business:

38555 US 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

38555 US 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3512994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEKASI, DAVID L
38555 US 19 NORTH
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPENCER, ROBERT
Address: 3152 N CANAL DR
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: VEKASI, DAVID L.
Address: 104 OLD MILL POND RD
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: NAGEL, GERALD
Address: 37376 US HWY 19 N LOT 21
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: COLEMAN, JAMES
Address: P.O. BOX 1993
City-St-Zip: TARPON SPRINGS, FL 34688

Title: T () Delete
Name: SHENK, ROBERT
Address: 3120 N CANAL DR
City-St-Zip: PALM HARBOR, FL 34684

Title: T (X) Delete
Name: WOODWARD, TIMOTHY
Address: 653 SPRING LAKE CIRCLE
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COLEMAN, JAMES
Address: P.O. BOX 1993
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD (X) Change () Addition
Name: TAYLOR, RICHARD A
Address: 39248 US HWY 19 N #319
City-St-Zip: TARPON SPRINGS, FL 34689

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L VEKASI

SD

01/12/2009

Electronic Signature of Signing Officer or Director

Date