

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90067 043 *****70.00

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08242005 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000006163 1. Entity Name FRATERNAL ORDER OF EAGLES, INC.					
Principal Place of Business 5843 BRANNEN ROAD WEST LAKELAND, FL 33813			Mailing Address 5843 BRANNEN ROAD WEST LAKELAND, FL 33813		
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 59-3311257	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TARTAGLIA, THOMAS 403 WHITTIER ST. DAVENPORT, FL 33896				7. Name and Address of New Registered Agent Name VITO BOVINO Street Address (P.O. Box Number is Not Acceptable) 375 W BRANNEN RD 179 City LAKELAND FL 33813	
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 VITO BOVINO				DATE 9-6-05	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	JACKEY, EARL		NAME	JAMES R. ANDERSON	
STREET ADDRESS	3755 W. BRANNEN RD LOT 88		STREET ADDRESS	375 W BRANNEN RD 179	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	SD	☒ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	TARTAGLIA, THOMAS		NAME	VITO BOVINO	
STREET ADDRESS	403 WHITTIER ST.		STREET ADDRESS	375 W BRANNEN RD	
CITY-ST-ZIP	DAVENPORT, FL 33896		CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	RITTER, WAYNE		NAME	JOAN BARCH	
STREET ADDRESS	4240 HOMEWOOD LN		STREET ADDRESS	6021 NEWMYRCKA E	
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VITO BOVINO		Date 9-6-05 869-646-7226	