

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90037 005 ***150.00

DOCUMENT # P01000104444

1. Entity Name
FRATERNAL ORDER OF EAGLES AERIE #4414, INC.



Principal Place of Business

77 US HWY 17-92
DEBARY, FL 32713

Mailing Address

77 US HWY 17-92
DEBARY, FL 32713

54034746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3591631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMAS, JUNE M
77 S HWY 17-92
DEBARY, FL 32713

7. Name and Address of New Registered Agent

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

Seymour Hewitt

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME FRANKS, THOMAS
STREET ADDRESS 77 US HWY 17-92
CITY-STATE-ZIP DEBARY, FL 32713

TITLE VP ☒ Delete
NAME BLAETH, WILLIAM
STREET ADDRESS 77 US HIGHWAY 17-92
CITY-STATE-ZIP DEBARY, FL 32713

TITLE S ☒ Delete
NAME RECKERT, TERRY
STREET ADDRESS 77 US HIGHWAY 17-92
CITY-STATE-ZIP DEBARY, FL 32713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES. ☒ Change ☒ Addition
NAME HEWITT, SEYMOUR
STREET ADDRESS 1140 CORBLESTONE AVE
CITY-STATE-ZIP DELTONA, FL 32725

TITLE VPRES ☒ Change ☒ Addition
NAME MCKAY, JOSEPH E
STREET ADDRESS 679 LAKE
CITY-STATE-ZIP DELAND, FL 32

TITLE SEC. ☒ Change ☒ Addition
NAME LEON, ARMAND
STREET ADDRESS 670 SAGAMORE DR
CITY-STATE-ZIP DELTONA, FL 32738

TITLE TRUSTEE ☐ Change ☒ Addition
NAME SWARTZ, WILLIAM G.
STREET ADDRESS 9 LILAC DR
CITY-STATE-ZIP DEBARY, FL 32713

TITLE TRUSTEE ☐ Change ☒ Addition
NAME WELLS, TREAT
STREET ADDRESS 134 SHER LANE
CITY-STATE-ZIP DEBARY, FL 32713

TITLE TREASURER ☒ Change ☒ Addition
NAME BLAETH, WILLIAM
STREET ADDRESS 50 HYDRANGEA LANE
CITY-STATE-ZIP DEBARY, FL 32713

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 607, 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:

SEYMOUR HEWITT, PRESIDENT
Seymour Hewitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

- - - 386-5747501