


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90027 017 ***158.75

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|--|---|---|---|--|--|
| DOCUMENT # P98000074213 1. Entity Name FRATERNAL ORDER OF EAGLES AERIE # 4401, INC. | | | |  | |
| Principal Place of Business 933 BEVILLE RD # 102 F S. DAYTONA, FL 32119 | | | Mailing Address 933 BEVILLE RD # 102 F S. DAYTONA, FL 32119 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BENGE, JAMES A. 1703 MAGNOLIA AVENUE B-22 DAYTONA BEACH, FL 32119 | | | | Name John A. Logsdon Street Address (P.O. Box Number is Not Acceptable) 1703 MAGNOLIA AVE LOT D-3 S. DAYTONA FL 32119 City FL Zip Code 32119 | |
| 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: <u><i>John A. Logsdon</i></u> DATE: <u>7/3/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LAFUECHE, DONALD 1853 DANE PALM DR EDGEWATER, FL 32141 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ESHLEMAN, RON 793 LITTLE ANNE DRIVE S. DAYTONA, FL 32119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BENGE, JAMES A 1703 MAGNOLIA AVENUE B-22 SOUTH DAYTONA BEACH, FL 32119 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRAFT, ROBERT 918 REED CANAL RD LOT 162 DAYTONA BEACH, FL 32119 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CATRAMBONE, GERALD W 1164 ASHLAND CT. PORT ORANGE, FL 32129 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LOGSDON, JOHN A 1703 MAGNOLIA AVE LOT D-3 SOUTH DAYTONA FL 32119 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALLACE DAVID AARON 1601 Big Tree RD B 306 DAYTONA BEACH FL 32119 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Kapilow, Michael J. 1025 S. Beach ST. #183 Daytona Beach FL 32114 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 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: <u><i>John A. Logsdon</i></u> DATE: <u>7/3/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| 386 763-2137 <small>Daytime Phone #</small> | | | | | |