

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767724** (8)

1. Corporation Name

**HOLLY HILL AERIE #4033, FRATERNAL ORDER OF EAGLE
S, INC.**



Principal Place of Business

Mailing Address

615 RIDGEWOOD AVENUE
BOX 821
HOLLY HILL FL ~~32117~~ **32117**

615 RIDGEWOOD AVENUE
BOX 821
HOLLY HILL FL ~~32117~~ **32117**

3. Date Incorporated or Qualified
03/30/1983

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2258647

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

32125

32125

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKESHIER, MICHAEL

~~1025 INDIAN OAKS EAST~~
~~HOLLY HILL FL 32117~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

301 SUTTON CIRCLE APT 1

83

84 City

DAYTONA BEACH

FL

85 Zip Code

32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michael Dukeshier

(NOTE: Registered Agent signature required when re-registering)

1-20-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CASEY, FRED**
CITY-ST-ZIP **2195 ORANGE DRIVE**
DAYTONA BEACH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **SNYDER, DICK**
CITY-ST-ZIP **1540 CULVERHOUSE DR.**
HOLLY HILL FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **DUKESHIER, MICHAEL**
CITY-ST-ZIP **1025 INDIAN OAKS EAST**
HOLLY HILL FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **EPISCOPO, MICHAEL**
CITY-ST-ZIP **128 GRANADA STREET**
HOLLY HILL FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HAMLETT, JOE**
CITY-ST-ZIP **729 ACRIENA DRIVE**
HOLLY HILL FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LAFLECHE, DON**
CITY-ST-ZIP **2928 BRISTOL LANE**
SOUTH DAYTONA FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael Dukeshier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

DATE

904-257-4033

DAYTIME PHONE #

CR2E037 (12/95)