

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

*Reinstatement*

DOCUMENT # N01000006196

F.O.E. AERIE #4435, INC.



**FILED**

09 OCT 29 PM 2:16

SECRETARY OF STATE



*ORMOND BY THE SEA*  
 1542 OCEANSHORE BLVD.  
 ORMOND BEACH FL 32176

Mailing Address  
 1542 OCEANSHORE BLVD.  
 ORMOND BEACH FL 32176

2. Financial Period of Business - No. of Days

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number 59-3721105

Zip

Country

Zip

Country

5. Certificate Status  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THERRIAN, NORMAN  
 1000 WALKER STREET #158  
 HOLLY HILL FL 32117

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL

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. Each transfer with the obligations of registered agent.

SIGNATURE: *Norman Therrian*

FILE NOW: FEE IS \$61.25  
 Due By May 1, 2009

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10.	11.
PD FRANK AudeTte 32 CAROL RD. ORMOND Beach FL 32176	PD QUEEN WARREN 170 OCEAN Shore DR ORMOND Beach FL 32176
SD THERRIAN, NORMAN 1000 WALKER STREET #158 HOLLY HILL FL 32117	500161714855 10/14/09--01041--012 ***1.25
TD GARAND, GENE 1747 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176	500161714855 10/30/09--01025--004 ***1.75.00
REINSTATEMENT	
RH	

ADDITIONS/CHANGES	OFFICERS AND DIRECTORS
<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Change
<input type="checkbox"/> Change	<input type="checkbox"/> Change
<input type="checkbox"/> Change	<input type="checkbox"/> Change
<input type="checkbox"/> Change	<input type="checkbox"/> Change
<input type="checkbox"/> Change	<input type="checkbox"/> Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes; I further certify that the information contained in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and my name appears in Block 10 or 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norman Therrian SR.* **NORMAN THERRIAN SR.**

10-11-09