

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000006196

1. Entity Name  
F.O.E. AERIE #4435, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 AUG -9 PM 3:56

Principal Place of Business  
1542 OCEANSHORE BLVD.  
ORMOND BEACH, FL 32176

Mailing Address  
1542 OCEANSHORE BLVD.  
ORMOND BEACH, FL 32176



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3721105

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK AUDETTE  
32 CAROL RD  
ORMOND BEACH FL. 32176

Name **NORMAN THERRIAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1000 WALKER ST. #158**  
City **HOLLY HILL** FL Zip Code **32117**

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 *Norman Therrian*

8-6-2010

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

(NOTE: Registered Agent's signature required when resigning)

DATE

Filing Fee is \$61.25  
Due by May 1, 2010

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

TITLE **PD**  
NAME **JAMES WILLIAMSON**  Delete  
STREET ADDRESS **61 CAPISTRANO DR.**  
CITY-STATE-ZIP **ORMOND BEACH FL. 32176**

TITLE **SD**  
NAME **NORMAN THERRIAN**  Delete  
STREET ADDRESS **1000 WALKER ST. #158**  
CITY-STATE-ZIP **HOLLY HILL FL. 32117**

TITLE **TD**  
NAME **JOHN PYLE**  Delete  
STREET ADDRESS **15 COLONIAL DR.**  
CITY-STATE-ZIP **ORMOND BEACH FL. 32176**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**400184167644**  
**08/09/10--01055--003** \*\$61.25

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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CITY-STATE-ZIP

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**B-8/9/10**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address with all other like empowered

SIGNATURE: *Norman Therrian*  
**NORMAN THERRIAN**

8-6-2010

386-441-1438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME