


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48429 (7)

1. Corporation Name
F.O.E. HOLLY HILL AUXILIARY AERIE #4033, FRATERNAL ORDER OF EAGLES, INC.

Principal Place of Business 615 RIDGEWOOD AVE HOLLY HILL FL 32117	Mailing Address 615 RIDGEWOOD AVE HOLLY HILL FL 32117-3617
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1992		3a. Date of Last Report 03/27/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3133921		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOERLE, DOLORES A. 108 BLUEBELL LN DAYTONA BEACH FL 32114				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNAPP, TRUDY			1.2 NAME	UNA FAYE CLEMENS		
STREET ADDRESS	420 BRADDOCK APT 1			1.3 STREET ADDRESS	809 W. Colonial Circle		
CITY-ST-ZIP	DAYTONA BEACH FL			1.4 CITY-ST-ZIP	Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	CAROL N MESZARO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMOVICZ, UNA FAYE			2.2 NAME	314 Cottrill Ave.		
STREET ADDRESS	809 W COLONIAL CIRCLE			2.3 STREET ADDRESS	Daytona Beach, FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	DAYTONA BEACH FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOERLE, DELORES			3.2 NAME			
STREET ADDRESS	108 BLUEBELL LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANET CONLEY			4.2 NAME	GEORGIA KLEIN		
STREET ADDRESS	320 AMERICAN WAY			4.3 STREET ADDRESS	1267 Buckeye Rd.		
CITY-ST-ZIP	DAYTONA FL 32119			4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-15-97** Date Daytime Phone 10002183

CR2E037 (9/96)