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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48429

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/20/1992

4. FEI Number

59-3133921

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DOERLE, DOLORES A.
108 BLUEBELL LN
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE PD ☐ DELETE
NAME MEXZARO, CAROL
STREET ADDRESS 314 COTTRILL AVE
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE VD ☐ DELETE
NAME PECK, CYNTHIA
STREET ADDRESS 1751 S. CLYDE MORRIS #204
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE SD ☐ DELETE
NAME DOERLE, DELORES
STREET ADDRESS 108 BLUEBELL LANE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE TD ☐ DELETE
NAME KLEIN, GEORGIA
STREET ADDRESS 1267 BUCKEYE RD
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CYNTHIA PECK
1.3 STREET ADDRESS 1751 S. Clyde Morris #204
1.4 CITY-ST-ZIP Daytona Beach, FL 32119

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME DOROTHY BYERS
2.3 STREET ADDRESS 955 S. Nova Rd. Lot 40
2.4 CITY-ST-ZIP Ormond Beach, FL 32174

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME Same
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME Same
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

DOLORES C. DOERLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)