

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90161 019 ****61.25

DOCUMENT #

1. Entity Name

N48429

F.O.E. Holly Hill Auxiliary #4033 Fraterna

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

257A Riverside Ave.
Suite, Apt. #, etc.
Holly Hill, Fl. 32117

3. Mailing Address

108 Blue Bell LN.
Suite, Apt. #, etc.

City & State
Holly Hill, Fl. 32117

City & State
Daytona BEach, Fl. 32114

Zip Country

Zip Country

32117

Volusia

4. FEI Number

59-3133921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dolores Doerle

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

108 Blue Bell LN.

City

Daytona Beach

FL

Zip Code

32114

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IN THIS SPACE**

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.

SIGNATURE Dolores Doerle

3/26/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD	NAME Joanne Williams
STREET ADDRESS 7 Brookside Circle	
CITY-ST-ZIP Ormond BEach, Fl. 32174	
TITLE VD	NAME Carole Jacobs
STREET ADDRESS 1127 Ave H	
CITY-ST-ZIP Ormond Beach, Fl. 32174	
TITLE SD	NAME Dolores Doerle
STREET ADDRESS 108 Blue Bell LN.	
CITY-ST-ZIP Daytona BEach, Fl. 32114	
TITLE TD	NAME Kris Fischer
STREET ADDRESS 725 Orchard Ave.	
CITY-ST-ZIP Ormond BEach, Fl. 32174	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dolores Doerle DOLORES DOERLE 04-03-17 386-274

CR2E037B (12/01)