

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90094 045 ****61.25

DOCUMENT # N48429

1. Entity Name

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



Principal Place of Business

257A RIVERSIDE AVE.
HOLLY HILL FL 32117



Dolores Doerle
1165 Avenida Del Toro
Port Orange, FL 32129

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MOORE CR2E037 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DOLORES DOERLE
Suite, Apt. #, etc.
1165 AVIENDA DEL TORO

City & State

City & State

4. FEI Number

59-3133921

Applied For

Not Applicable

Zip

Country

Zip

Country

32129

FLORIDA

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

DOERLE, DOLORES A.
108 BLUE BELL LN
DAYTONA BEACH FL



Dolores Doerle
1165 Avenida Del Toro
Port Orange, FL 32129

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, CAROLE	
STREET ADDRESS	1127 AVE. H	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, KRIS	
STREET ADDRESS	725 ORCHARD AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOERLE, DELORES	
STREET ADDRESS	108 BLUE BELL LN.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, GEORGIA	
STREET ADDRESS	1267 BUCKEYE RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARDINE BENOIT	
STREET ADDRESS	1000 WALKER ST. #172	
CITY-ST-ZIP	HOLLY HILL, FL. 32117	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIA KLEIN	
STREET ADDRESS	1267 BUCKEYE RD.	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLORES DOERLE	
STREET ADDRESS	1165 AVIENDA DEL TORO	
CITY-ST-ZIP	PORT ORANGE, FL. 32129	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET CONLEY	
STREET ADDRESS	320 AMERICAN WAY	
CITY-ST-ZIP	DAYTONA BEACH, FL. 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dolores Doerle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-04 386304-4737

Date

Daytime Phone #