


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**


03-11-2005 90298 039 \*\*\*\*61.25

<b>DOCUMENT # N48429</b>	
<b>1. Entity Name</b> F.O.E. HOLLY HILL AUXILIARY AERIE #4033, FRATERNAL ORDER OF EAGLES, INC.	

<b>Principal Place of Business</b> 257A RIVERSIDE AVE. HOLLY HILL FL 32117	<b>Mailing Address</b> 1165 AVIENDA DEL TORO PORT ORANGE FL 32129
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

	
1st MOORE	CR2E037 (10/04)
<b>4. FEI Number</b> 59-3133921	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
DOERLE, DOLORES A. 1165 AVIENDA DEL TORO PORT ORANGE FL 32129	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

<b>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.</b>	
<b>SIGNATURE</b>	<b>DATE</b>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> BENOIT, GERALDINE <b>STREET ADDRESS</b> 1000 WALKER ST. #172 <b>CITY-ST-ZIP</b> DAYTONA BEACH FL 32117	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD	<b>NAME</b> KLEIN, GEORGIA <b>STREET ADDRESS</b> 1267 BUCKEYE ROAD <b>CITY-ST-ZIP</b> ORMOND BEACH FL 32174	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD	<b>NAME</b> DOERLE, DELORES <b>STREET ADDRESS</b> 1165 AVIENDA DEL TORO <b>CITY-ST-ZIP</b> PORT ORANGE FL 32129	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD	<b>NAME</b> CONLEY, JANET <b>STREET ADDRESS</b> 320 AMERICAN WAY <b>CITY-ST-ZIP</b> DAYTONA BEACH FL 32119	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>	
<b>SIGNATURE:</b> Dolores A. Doerle	<i>Dolores A Doerle</i> 3/17/05 386 304 4734
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	