

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90147 039 ****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

Mailing Address

1165 AVIENDA DEL TORO
PORT ORANGE FL 32129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3133921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

DOERLE, DOLORES A.
1165 AVIENDA DEL TORO
PORT ORANGE FL 32129

7. Name and Address of New Registered Agent

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 May 1, 2006

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
NAME BENOIT, GERALDINE
STREET ADDRESS 1000 WALKER ST. #172
CITY-ST-ZIP DAYTONA BEACH FL 32117 ☒ Delete

TITLE VD
NAME JACOBS, CAROLE
STREET ADDRESS 1127 AVE H
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ Delete

TITLE SD
NAME DOERLE, DELORES
STREET ADDRESS 1165 AVIENDA DEL TORO
CITY-ST-ZIP PORT ORANGE FL 32129 ☐ Delete

TITLE TD
NAME CONLEY, JANET
STREET ADDRESS 320 AMERICAN WAY
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Carole Jacobs
STREET ADDRESS 1127 Ave H
CITY-ST-ZIP Ormond Beach, Fl. 32174

TITLE VD ☒ Change ☐ Addition
NAME Theresa Hull
STREET ADDRESS 1225 Aragon Ave.
CITY-ST-ZIP Holly Hill, FL 32117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 A. Doerle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

Date

Daytime Phone #