

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90052 026 ****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
**108 BLUE BELL LN.
DAYTONA BEACH FL 32114**

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

☐ CHECK HERE IF MAKING CHANGES



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 32114**

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

Dolores Doerle

3-31-2003

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **WILLIAMS, JOANNE**
STREET ADDRESS **7 BROOKSIDE CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

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

TITLE **VD** ☒ Change ☐ Addition
NAME **Kris Fischer**
STREET ADDRESS **725 Orchard Ave.**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **SD** ☐ Delete
NAME **DOERLE, DOLORES**
STREET ADDRESS **108 BLUE BELL LN.**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **Dolores Doerle**
STREET ADDRESS **108 Blue Bell ln.**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **TD** ☐ Delete
NAME **FISCHER, KRIS**
STREET ADDRESS **725 ORCHARD AVE.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **TD** ☒ Change ☐ Addition
NAME **Georgia Klein**
STREET ADDRESS **1267 Buckeye Rd.**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 REQUIRED**

3-31-2003

CR2E037 (10/02)