

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710853

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE GRAND LODGE OF THE INDEPENDENT ORDER OF ODD FELLOWS OF FLORIDA, INC.

Current Principal Place of Business:

1664 W 42 STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1664 W 42 STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 59-0302797 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FARRADAZ, ALDO
1664 W 42 ST
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMERON, COLIN M
Address: 200 NE 4 AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D () Delete
Name: BLATTER, ERNST K
Address: 3414 ISLAND VIEW DR.
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD () Delete
Name: MORROW, EDWARD
Address: 904 ALLIEGOOD COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: FARRADAZ, ALDO
Address: 1664 W 42ND ST
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: GARCIA, JOSE F
Address: 20131 SW 116 AVE.
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANCE, LEWIS
Address: 7337 68 ST. N.
City-St-Zip: PINELLAS PARK, FL 33781

Title: D (X) Change () Addition
Name: CAMERON, COLIN M
Address: 200 NE 4 AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALDO FARRADAZ

SD

04/21/2008

Electronic Signature of Signing Officer or Director

_____ Date