

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90123 044 ****70.00

DOCUMENT # 710853

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



Principal Place of Business
P.O. BOX 5335
ENGLEWOOD FL 34224

Mailing Address
P.O. BOX 5335
ENGLEWOOD FL 34224

90003605



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1664 W. 42 ST
Suite, Apt. #, etc.

3. Mailing Address
1664 W 42 ST
Suite, Apt. #, etc.

City & State
Hialeah Florida

City & State
Hialeah Florida

4. FEI Number **59-0302797**
Applied For
 Not Applicable

Zip
33012

Country
USA

Zip
33012

Country
USA

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

WOLFSON, MORTON
3721 NW 16TH PLACE
GAINESVILLE FL 32605

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, STEPHEN 7419 CLEARWATER ST ENGLEWOOD FL 34224-8440	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFSON, MORTON 3721 NW 16TH PLACE GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULECZA, STEPHEN 1811 MEDART DR TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRADAZ, ALDO 1664 W 42ND ST HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLON, MICHAEL 3861 SE FAIRWAY W STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Deputy Grand Master D</i> <i>Frederick L. Piasecki</i> <i>140 Santa Rosa</i> <i>Florhane, Florida 32140</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Grand Warden D</i> <i>Colin M. Cameron</i> <i>200 N.E. 4 Ave</i> <i>Okcechosec, Florida 34972</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Grand treasurer D</i> <i>Edward Morrow</i> <i>904 Alliegood Court</i> <i>Tallahassee, Florida 32303</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S/O</i> <i>Aldo Farradaz</i> <i>1664 W 42ST</i> <i>Hialeah Florida 33012</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Aldo Farradaz* **REQUIRED** *1/9/03* *(305) 827-2797*

CR2E037 (10/02)