


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710873 (1)			
1. Corporation Name ELECTRICAL WORKERS FRATERNAL ORDER, INC.			
Principal Place of Business 6603 E. CHELSEA STREET TAMPA FL 33610		Mailing Address 6603 E. CHELSEA STREET TAMPA FL 33610-5630	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THORNHILL, HARRISON 3200 LUCERNE PARK ROAD WINTER HAVEN FL 33881		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	THORNHILL, HARRISON		
STREET ADDRESS	3200 LUCERNE PARK ROAD		
CITY-ST-ZIP	WINTER HAVEN FL 33881		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	LANGLAIS, GUY A		
STREET ADDRESS	5158 LANCEWOOD DRIVE		
CITY-ST-ZIP	SARASOTA FL 34232		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HENLEY, C.W.		
STREET ADDRESS	512 VIRGINIA LANE		
CITY-ST-ZIP	CLEARWATER FL 34624		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	OLONE, RICHARD		
STREET ADDRESS	1833 OAKDALE LANE SOUTH		
CITY-ST-ZIP	CLEARWATER FL 34624		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SHIRLEY, LINDA		
STREET ADDRESS	3206 W. GLORIA		
CITY-ST-ZIP	PLANT CITY FL 33567		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	PRUNN, ROBERT		
STREET ADDRESS	1737 WAKEFIELD DRIVE		
CITY-ST-ZIP	BRANDON FL 33511		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE <i>Harrison L. Thornhill</i>		Harrison L. Thornhill	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 0047822	



CR2E037 (9/96)

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