

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90088 009 ****70.00

0050236

DOCUMENT # 710873

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

103351 - 90088 - 9



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/12/1966	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7126779	
Country		Country		Applied For	
24		29		Not Applicable	
25		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

THORNHILL, HARRISON
3200 LUCERNE PARK ROAD
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNHILL, HARRISON	1.2 NAME	
STREET ADDRESS	3200 LUCERNE PARK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANY L JOHNSON	2.2 NAME	
STREET ADDRESS	12422 BALM RIVERVIEW RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENLEY, C.W.	3.2 NAME	
STREET ADDRESS	512 VIRGINIA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS RON	4.2 NAME	
STREET ADDRESS	2104 WHITLOCK PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, LINDA	5.2 NAME	WILKINS, PATTI
STREET ADDRESS	3206 W. GLORIA	5.3 STREET ADDRESS	2503 51st ST CT E
CITY-ST-ZIP	PLANT CITY FL 33567	5.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	ABM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON GARY W	6.2 NAME	
STREET ADDRESS	533 5TH ST SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] January 15, 1999 8136265136
Date Daytime Phone #

CR2E037 (11/98)