

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710873

FILED
Jan 23, 2004
Secretary of State**Entity Name:** ELECTRICAL WORKERS FRATERNAL ORDER, INC.**Current Principal Place of Business:**6603 E. CHELSEA STREET
TAMPA, FL 33610**New Principal Place of Business:****Current Mailing Address:**6603 E. CHELSEA STREET
TAMPA, FL 33610**New Mailing Address:****FEI Number:** 23-7126779**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**THORNHILL, HARRISON L
3200 LUCERNE PARK ROAD
WINTER HAVEN, FL 33881 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: THORNHILL, HARRISON L
Address: 3200 LUCERNE PARK ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: BM () Delete
Name: DANY L JOHNSON,
Address: 12422 BALM RIVERVIEW RD
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: HENLEY, C.W.
Address: 512 VIRGINIA LANE
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: CHAPMAN, BRENT
Address: 4606 83RD TERRACE N
City-St-Zip: PINELLAS PARK, FL 34665

Title: D () Delete
Name: WILKINS, PATTI
Address: 2503 51ST ST CT E
City-St-Zip: PALMETTO, FL 34221

Title: ABM () Delete
Name: NELSON GARY W,
Address: 533 5TH ST SE
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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 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 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: HARRISON L. THORNHILL

D

01/23/2004

Electronic Signature of Signing Officer or Director

Date