

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710873

FILED
Feb 14, 2008
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: P/D () Delete
Name: THORNHILL, HARRISON L
Address: 3200 OLD LUCERNE PARK ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: BM () Delete
Name: SELLARS, H.D.
Address: 3202 23RD AVENUE W.
City-St-Zip: BRADENTON, FL 34205

Title: T/D () Delete
Name: KEMMELING, DANIEL E
Address: 5605 LEGACY CRESCENT PL. APT. 103
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: KNAPP, KEITH
Address: 3564 DOVE HOLLOW CT.
City-St-Zip: PALM HARBOR, FL 34683

Title: S/D () Delete
Name: JACKSON, CARLA M
Address: 3662 5TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: ABM () Delete
Name: FASTING, CHRISTIAN,
Address: 1786 CITRUS HILL
City-St-Zip: PALM HARBOR, FL 64683

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
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: H.D. SELLARS

BM

02/14/2008

Electronic Signature of Signing Officer or Director

Date