Iul 14 2003 8:00 am

2003 NOT-FOR-PROFIT CORPORAT HNIEGDM BIIGINEGG DEDODT /HRD\

| 0. | AILOUM DOSHAI | | IT, AUU. | | | 8 | | | |
|---|--|---|---------------|---------------------------|---|-------------------------|-------------------------------|-----------------------------|---------------|
| DOCU 1. Entity Nar | MENT # 710873 | Secretary of State 07-14-2003 90333 025 ****70.00 | | | | | | | |
| ELECTRIC | CAL WORKERS FRATERNAL | ORDER, INC. | | | | 11 2003 30333 | 023 70. | .00 | |
| Principal Plac | ce of Business | Mailing Address | - | | 1 | | | | |
| 6603 E. CHELSEA STREET TAMPA FL 33610 | | 6603 E. CHELSEA STREET TAMPA FL 33610 | | | | | | | |
| | | | | | É 1888/18 1888/1818 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | | 4. FEI Number 23-7126779 Applied F Not Applie | | | oplied For ot Applicable |] |
| Zip Country | | Zip . Co | | intry | 5. Certificate of Sta | tus Desired | \$8.75 Add Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. Name and Addr | ess of New Register | ed Agent | | ┨ |
| THORNHILL, HARRISON L | | | | name | | | | <u></u> | |
| | IILL, MARMISON L CERNE PARK ROAD | | _ | Street Address | treet Address (P.O. Box Number is Not Acceptable) | | | | |
| | HAVEN FL 33881 | | | | | | • | " | 1 |
| | | | | City | · | | Zip Cod | e | \dashv |
| | | | | | | | "L_ | | ⇃ |
| | e named entity submits this statement for tions of registered agent. | or the purpose of changing its re | gistere | ed office or register | red agent, or both, in ti | ne State of Florida. Ta | ım tamıllar with, | and accept | |
| | 7/2 2 20 | WPRESIDIT LIAR | 0.2 | 1.1-1 | | 0/1 | / | | |
| SIGNATURE. | Haman donownie | | _ | | DRUMILL | 9100 | 103 | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registere | d Agent signature require | d when reinstating) | DAT | E | | _ |
| | FILE NOW: FEE IS \$61.25 | 5 Flootian Comm | - | Inancina | 45.00 | Make Ob | aala Daarahia | | |
| | tember 10, 2003, min will be \$2 | 9. Election Camp 36.25 Trust Fund Co | - | | \$5.00 May Be Added to Fees | | eck Payable partment of \$ | | |
| 10 | OFFICERS AND DI | PECTORS | 11 | | ADDITIONS/CHANGE | S TO DESIGEBS AND | DIDECTORS IN | 10 | 4 |
| TITLE | OFFICERS AND DIRECTORS Delete | | 11. | | ADDITIONS/CHANGE | S TO OFFICERS AND | ☐ Change | Addition | ∤® |
| NAME | THORNHILL, HARRISON L | | | E | | | Change | L] Addition | R2E037 (4/03) |
| STREET ADDRESS | 3200 LUCERNE PARK ROAD | | STRE | ET ADDRESS | | | | | 34 |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | | CITY | -ST-ZIP | | | | |] |
| TITLE | BM Delete | | TITLE | | | | ☐ Change | ☐ Addition | 2 |
| NAME | DANY L JOHNSON | | NAMI | | | | | |] |
| STREET ADDRESS CITY-ST-ZIP | 12422 BALM RIVERVIEW RD RIVERVIEW FL 33569 | | | et address -st-zip | | | | | Ì |
| TITLE | D NIVERVIEW PC 33309 | Delete | | | | · | Change | Addition | ┨ |
| NAME | HENLEY, C.W. | Li Delete | TITLE NAMI | | | resultant - A | | L] Addition | |
| STREET ADDRESS | 512 VIRGINIA LANE | | STRE | ET ADDRESS | | | | | |
| CITY-ST-ZIP | CLEARWATER FL 33764 | | CITY | -ST-ZIP | | | | |] |
| TITLE | VP | ☐ Delete | TITLE | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | CHAPMAN, BRENT | | NAM | E Et address | | | | | |
| CITY-ST-ZIP | 4606 83RD TERRACE N PINELLAS PARK FL 34665 | | | -ST-ZIP | | | | | |
| TITLE | D | □ Delete | TITLE | | | | ☐ Change | Addition | † |
| NAME | WILKINS, PATTI | □ Delete | NAMI | 1 | | | v.m.gv | | |
| STREET ADDRESS | 2503 51ST ST CT E | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PALMETTO FL 34221 | · | 4 | ST-ZiP | | | <u>.</u> | | 1 |
| TITLE | ABM | ☐ Delete | TITLE | | | | ☐ Change | Addition | } |
| NAME STREET ADDRESS | NELSON GARY W | | NAME | ET ADDRESS | | | | | |
| CITY-ST-ZIP | 533 5TH ST SE | | | -ST-ZIP | | | | | - |

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 equired 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 ke empowered

SIGNATURE:

Taxward Communication

**Taxwa

SIGNATURE: