


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90188 020 ****81.25

DOCUMENT # N01000008772 1. Entity Name ORDER OF CONFEDERATE ROSE, FLORIDA SOCIETY CORP.					
Principal Place of Business 14176 BLACKBERRY DR WEST PALM BEACH, FL 33414			Mailing Address 14176 BLACKBERRY DR WEST PALM BEACH, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILTSIE, JOLENE B 14176 BLACKBERRY DR WEST PALM BEACH, FL 33414			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	O'NEAL, LYNDIA				
STREET ADDRESS	7420 LINCOLN ST				
CITY-ST-ZIP	HOLLYWOOD, FL 33024				
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	LANKFORD, MARY A				
STREET ADDRESS	5631 LINCOLN ST				
CITY-ST-ZIP	HOLLYWOOD, FL 33024				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	WILTSIE, JOLENE B				
STREET ADDRESS	14176 BLACKBERRY DR				
CITY-ST-ZIP	WEST PALM BEACH, FL 33414				
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	RAMIREZ, PAT				
STREET ADDRESS	2921 CYPRESS AVE				
CITY-ST-ZIP	MIRAMAR, FL 33025				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE					
NAME					
STREET ADDRESS					
CITY-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 required 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 like empowered.					
SIGNATURE: <i>John B. Wiltsie</i>		4/20/05 561-753-2173			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

50048548



04112005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**