2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011410

1. Entity Name

INDEPENDENT ORDER OF ODD FELLOWS OF THE HARRY MARSH UNITY INC.

Principal Place of Business	Mailing Address
2317 S. RIDGEWOOD AVE. EDGEWATER FL 32141	P.O. BOX 1042 EDGEWATER FL 32132

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 83-0414305 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITCHELL, PAUL J. 2618 UNITY TREE DRIVE EDGEWATER FL 32141	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PO	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SMITH, BRANDON D.		NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.		STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	U00000420539 02/15/06-80052-008 70.00
TITLE	RS	☐ Delete	TITLE	☐ Change ☐ Add
NAME	MITCHELL, PAUL J.		NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.		STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add
NAME	PERIN, GEORGE D.		NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.		STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add
NAME	PRASSE, KEITH B.		NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.		STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add
NAME	DOW, HARRY J.		NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.		STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.