


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 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



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For	
83-0414305		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input checked="" type="checkbox"/>			
6. Name and Address of Current Registered Agent			
MITCHELL, PAUL J. 2618 UNITY TREE DRIVE EDGEWATER FL 32141			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			

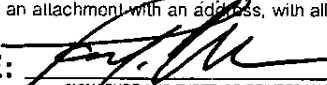
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRANDON D.	NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE	RS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, PAUL J.	NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERIN, GEORGE D.	NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRASSE, KEITH B.	NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOW, HARRY J.	NAME	
STREET ADDRESS	2317 S. RIDGEWOOD AVE.	STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  **PAUL J. MITCHELL** 4/24/07 (386) 238-3333