


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90056 046 \*\*\*\*61.25

<b>DOCUMENT # N05000006524</b> 1. Entity Name <b>PAHOKEE LODGE # 1638 BPOE, INC.</b>					
Principal Place of Business <b>691 EAST MAIN STREET PAHOKEE, FL 33476</b>				Mailing Address <b>PO BOX 517 PAHOKEE, FL 33476</b>	
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 <b>59-0523793</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MILLER, COREY P EA C/O BENHAM, MILLER &amp; HARRIS, INC. 2911 EAST MIAN STREET PAHOKEE, FL 33476</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>2911 EAST MAIN STREET</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D USHER, KENNY PO BOX 517 PAHOKEE, FL 33476</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXALTED RULER - PRES.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33476-0517</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HEFFERNAN, BARBARA PO BOX 517 PAHOKEE, FL 33476</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BARBARA A. HEFFERNAN</b> <b>33476-0517</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GILBERT, MIKE PO BOX 517 PAHOKEE, FL 33476</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JILL WILSON</b> <b>P.O. Box 517</b> <b>PAHOKEE, FL 33476-0517</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARZI, JACQUE PO BOX 517 PAHOKEE, FL 33476</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33476-0517</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TRUSTEE</b> <b>LEON MILLS</b> <b>P.O. Box 517</b> <b>PAHOKEE, FL 33476-0517</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TRUSTEE</b> <b>DAVID MCKINSTRY</b> <b>P.O. Box 517</b> <b>PAHOKEE, FL 33476-0517</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>Barbara A. Heffernan</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-8-06</b> <small>Date</small>		<b>561-996-4757</b> <small>Daytime Phone # (work)</small>