## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006524

Entity Name: PAHOKEE LODGE # 1638 BPOE, INC.

FILED Jan 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

691 EAST MAIN STREET PAHOKEE, FL 33476

Current Mailing Address: New Mailing Address:

PO BOX 517 PO BOX 517

PAHOKEE, FL 33476 US

FEI Number: 59-0523793 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, COREY P EA
2911 EAST MAIN ST
PAHOKEE, FL 33476 US
HEFFERNAN, RICHARD L PA
2911 EAST MAIN ST
PAHOKEE, FL 33476 US

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.

SIGNATURE: RICHARD L HEFFERNAN, PA 01/23/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: ERP ( ) Delete Title: ER (X) Change ( ) Addition

 Name:
 USHER, KENNY
 Name:
 USHER, KENNY

 Address:
 PO BOX 517
 Address:
 PO BOX 517

City-St-Zip: PAHOKEE, FL 334760517 City-St-Zip: PAHOKEE, FL 334760517 US

 $\label{eq:title:SC} {\sf X} \qquad \hbox{( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf SEC} \qquad \hbox{(X) Change ( ) Addition}$ 

Name: HEFFERNAN, BARBARA A Name: HEFFERNAN, BARBARA A

Address: PO BOX 517 Address: PO BOX 517

 City-St-Zip:
 PAHOKEE, FL 334760517
 City-St-Zip:
 PAHOKEE, FL 334760517 US

Title: T ( ) Delete Title: TREA (X) Change ( ) Addition
Name: WILSON, JICE Name: WILSON, JILL

Address: PO BOX 517 Address: PO BOX 517

City-St-Zip: PAHOKEE, FL 334760517 City-St-Zip: PAHOKEE, FL 334760517 US

Title: D ( ) Delete Title: TRUS (X) Change ( ) Addition

 Name:
 MARZI, JACQUE
 Name:
 GILBERT, MIKE

 Address:
 PO BOX 517
 Address:
 PO BOX 517

City-St-Zip: PAHOKEE, FL 334760517 City-St-Zip: PAHOKEE, FL 334760517 US

Title: TR ( ) Delete Title: TRUS (X) Change ( ) Addition

Name: HILLS, LEON Name: MILLS, LEON
Address: PO BOX 517
Address: PO BOX 517

City-St-Zip: PAHOKEE, FL 334760517 City-St-Zip: PAHOKEE, FL 334760517 US

Title: TR ( ) Delete Title: TRUS (X) Change ( ) Addition

 Name:
 MCKISNTRY, DAVID
 Name:
 MCKISNTRY, DAVID

 Address:
 PO BOX 517
 Address:
 PO BOX 517

 Address:
 PO BOX 517
 Address:
 PO BOX 517

 City-St-Zip:
 PAHOKEE, FL 334760517
 City-St-Zip:
 PAHOKEE, FL 334760517 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A HEFFERNAN SEC 01/23/2007

Electronic Signature of Signing Officer or Director

Date