

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90070 021 \*\*\*\*70.00

DOCUMENT # **N06331**

1. Corporation Name

**INDIOS COOPERATIVE, INCORPORATED**

Principal Place of Business

16630 SW WARFIELD BLVD  
P.O. BOX 901  
INDIANTOWN FL 34956

Mailing Address

16630 SW WARFIELD BLVD  
P.O. BOX 901  
INDIANTOWN FL 34956



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/27/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2567261

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWERS, COLLETTE  
MYRTLE DR  
P.O. BOX 8  
INDIANTOWN FL 33456**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D  
O'LAUGHLIN, REV. FRANK  
10935 S. MILITARY TR.  
BOYNTON BEACH FL**

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

**DV  
SIEFKER, PAUL E.  
15860 SW FAMEL AVENUE  
INDIANTOWN FL**

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

**TSD  
FARIAS, LEONEL  
P.O. BOX 513 N/A  
INDIANTOWN FL**

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

**DP  
POWERS, COLLETTE  
MYRTLE DR.  
INDIANTOWN FL**

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

**D  
SOCORRO, CASTRO  
15151 SW CHICKEE ST.  
INDIANTOWN FL**

☒ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

**D  
SOCORRO, CASTRO  
15151 SW CHICKEE ST.  
INDIANTOWN FL**

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE REQUIRED** *Paul E. Siefker* 1/12/99 561 597 3838

CR2E037 (11/98)