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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  DELETE

1.1 TITLE

Change  Addition

NAME

O'LAUGHLIN, REV. FRANK

1.2 NAME

STREET ADDRESS

10935 S. MILITARY TR.

1.3 STREET ADDRESS

CITY-ST-ZIP

BOYNTON BEACH FL

1.4 CITY-ST-ZIP

Change  Addition

TITLE

DV SIEFKER, PAUL E.  DELETE

2.1 TITLE

NAME

SIEFKER, PAUL E.

2.2 NAME

STREET ADDRESS

15860 SW FAMEL AVENUE

2.3 STREET ADDRESS

CITY-ST-ZIP

INDIANTOWN FL

2.4 CITY-ST-ZIP

Change  Addition

TITLE

TSD FARIAS, LEONEL  DELETE

3.1 TITLE

NAME

FARIAS, LEONEL

3.2 NAME

STREET ADDRESS

P.O. BOX 513 N/A

3.3 STREET ADDRESS

CITY-ST-ZIP

INDIANTOWN FL

3.4 CITY-ST-ZIP

Change  Addition

TITLE

DP POWERS, COLLETTE  DELETE

4.1 TITLE

NAME

POWERS, COLLETTE

4.2 NAME

STREET ADDRESS

MYRTLE DR.

4.3 STREET ADDRESS

CITY-ST-ZIP

INDIANTOWN FL

4.4 CITY-ST-ZIP

Change  Addition

TITLE

D SOCORRO, CASTRO  DELETE

5.1 TITLE

NAME

SOCORRO, CASTRO

5.2 NAME

STREET ADDRESS

15151 SW CHICKEE ST.

5.3 STREET ADDRESS

CITY-ST-ZIP

INDIANTOWN FL

5.4 CITY-ST-ZIP

Change  Addition

TITLE

DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

Change  Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul E. Siefker 1/12/99 561 597 3838

CR2E037 (1/1/98)