

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06331**

1. Entity 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**



01192004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2567261**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**POWERS, COLLETTE  
14555 SW OSCEOLA ST  
INDIANTOWN, FL 34956**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

U00000158172

05/07/04-80010-023 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
O'LAUGHLIN, REV. FRANK  
10935 S. MILITARY TR.  
BOYNTON BEACH, FL 33436**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
SIEFKER, PAUL E.  
15860 SW FAMEL AVENUE  
INDIANTOWN, FL 34956**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TSD  
FARIAS, LEONELL  
15747 SW 151ST STREET  
INDIANTOWN, FL 34956**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
POWERS, COLLETTE  
14555 SW OSCEOLA DR  
INDIANTOWN, FL 34956**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PAUL E. SIEFKER V.P. 1/22/04 772-5973838**