

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12536

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** MEMORIAL NEST NO. 258, FRATERNAL ORDER OF ORIOLES, INC.

**Current Principal Place of Business:**

3521 NW 8TH AVENUE  
BAY 4 EVERETT SQUARE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

3521 NW 8TH AVENUE  
BAY 4 EVERETT SQUARE  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 59-2613405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSE, THOMAS A  
2160 N.E. 5TH CIRCLE  
BOCA RATON, FL 33431 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: KNIGHT, E.E. (TIM)  
Address: 2151 N.E. 42 CT #230  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DP ( ) Delete  
Name: WELCH, ROBERT  
Address: 1440 N.W. 45 TH STREET #A-9  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DV ( ) Delete  
Name: MCADO, JOHN  
Address: 3521 N.W. 8TH QVENUE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DS ( ) Delete  
Name: ROSE, THOMAS A  
Address: 2160 N.E. 5TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: RUBIN, PULIDO  
Address: 3314 MALLARD CLOSE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete  
Name: DEMER, ROBERT  
Address: 3434 NW 64 CTM  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: THOMAS A ROSE

SEC.

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date