



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90049 027 ****65.00

DOCUMENT # N15448 1. Entity Name PEARL OF FORT LAUDERDALE LODGE #19, THE INDEPENDENT UNITED ORDER OF MECHANICS WESTERN HEMISPHERE					
Principal Place of Business C/O CEDRIC PATTERSON 414 SW 22ND AVE FORT LAUDERDALE, FL 33312			Mailing Address C/O CEDRIC PATTERSON 414 SW 22ND AVE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business 3451 N.W. 43RD PL.		3. Mailing Address 3451 N.W. 43RD PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LAUDERDALE LAKES, FL		City & State LAUDERDALE LAKES, FL			
Zip 33309		Country USA		4. FEI Number 65-0000761	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PATTERSON, CEDRIC L 414 SW 22 AVE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name <u>VALENTINE I. NARINE</u> Street Address (P.O. Box Number is Not Acceptable) <u>3451 N.W. 43RD PL.</u> City <u>LAUDERDALE LAKES, FL</u> Zip Code <u>33309</u>		
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 <u>Valentine I. Narine</u> <u>VALENTINE I. NARINE</u> <u>July 13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FRANCIS, HOWARD		STREET ADDRESS	T	
CITY-ST-ZIP	232 NW 45 AVENUE PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S CALDERON, ALBAN		STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP	9319 NW 4TH STREET SUNRISE, FL		CITY-ST-ZIP		
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	TD WEST, CALVIN		STREET ADDRESS	PRESIDENT	
CITY-ST-ZIP	5010 NW 48TH AVE COCUNUT CREEK, FL		CITY-ST-ZIP	LIONEL BROWN, 6440 NW 110TH AVE., PARKLAND FL. 33076	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S PATTERSON, CEDRIC		STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP	414 SW 22 AVENUE FT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D COOPER, JOSEPH		STREET ADDRESS		
CITY-ST-ZIP	2768 NW 47TH LANE LAUDERDALE LAKES, FL		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D HEMANS, GEORGE R		STREET ADDRESS		
CITY-ST-ZIP	3140 NW 30TH ST LAUDERDALE LAKES, FL 33309		CITY-ST-ZIP		
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: <u>CEDRIC L. PATTERSON</u> <u>7/13/05</u> <u>954-687-9180</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					