

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90295 031 \*\*\*\*\*61.25

**DOCUMENT # N20555**

1. Entity Name

TAMIAMI POMONA GRANGE NO. 2 INC.



Principal Place of Business

9303 FRUITVILLE ROAD  
C/O MADELIN D. ANDREWS  
SARASOTA FL 34240

Mailing Address

9303 FRUITVILLE ROAD  
C/O MADELIN D. ANDREWS  
SARASOTA FL 34240

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

23-7214710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, MADELIN D.  
9303 FRUITVILLE ROAD  
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME BORDERIEUX, BARBARA  
STREET ADDRESS 3915 36TH AVENUE EAST  
CITY-ST-ZIP PALMETTO FL 34221

TITLE D ☐ Delete  
NAME BEVACQUA, DORTHY  
STREET ADDRESS 4802 MINEOLA AVE  
CITY-ST-ZIP BRADENTON FL 34207

TITLE P ☐ Delete  
NAME BORDERIEUX, FRANKLIN  
STREET ADDRESS 3915 36TH AVENUE EAST  
CITY-ST-ZIP PALMETTO FL 34221

TITLE VP ☐ Delete  
NAME SCHOELL, JOHN  
STREET ADDRESS 125 DOWLIN AVENUE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☒ Delete  
NAME ANDREWS, D. VINCENT  
STREET ADDRESS 9303 FRUITVILLE RD.  
CITY-ST-ZIP SARASOTA FL

TITLE S ☐ Delete  
NAME ANDREWS, MADELIN D.  
STREET ADDRESS 9303 FRUITVILLE RD.  
CITY-ST-ZIP SARASOTA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Phillips, Robert  
STREET ADDRESS 318 8th Ave N.  
CITY-ST-ZIP Lehigh Acres, FL 33972-5104

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Madelin D. Andrews** *Madelin D. Andrews*

3-20-04

941/371-4838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #