

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 31, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

ANDREWS, MADELIN D.
9303 FRUITVILLE ROAD
SARASOTA FL 34240

Name

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

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, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	BORDERIEUX, BARBARA	
STREET ADDRESS	3915 36TH AVENUE EAST	
CITY- ST- ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEVACQUA, DORTHY	
STREET ADDRESS	4802 MINEOLA AVE	
CITY- ST- ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, EVELYN	
STREET ADDRESS	3114 DOROTHY PL	
CITY- ST- ZIP	ELLENTON FL 34222	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHOELL, JOHN	
STREET ADDRESS	125 DOWLIN AVENUE	
CITY- ST- ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, ROBERT	
STREET ADDRESS	318 8TH AVE N	
CITY- ST- ZIP	LEHIGH ACRES FL 33972	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDREWS, MADELIN D.	
STREET ADDRESS	9303 FRUITVILLE RD.	
CITY- ST- ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000876247	
STREET ADDRESS	04/11/08-80056-024 61.25	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

3-15-08

941-371-4838