2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-11-2005 90420 001 ****60.00
04-11-2005 90420 002 *****1.25

DOCUMENT # N93000003384

1. Entity Name
THE REBEKAH ASSEMBLY, INDEPENDENT ORDER OF ODD FELLOWS, JURISDICTION OF FLORIDA, INC.

66013198

02232005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
PO BOX 12638 TALLAHASSEE, FL 32317-2638 US	PO BOX 12638 TALLAHASSEE, FL 32317-2638 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3197000 ☐ 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
HELDEBRAND, BETH 5500 N MONROE ST TALLAHASSEE, FL 32303	Name: Beth Heldebrand Street Address (P.O. Box Number is Not Acceptable) 5500 N. Monroe St City: Tall. Fl. FL Zip Code: 32303

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: Beth Heldebrand 4-5-05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKIDSELL, MONA M 2001 PINE ST SAINT CLOUD, FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Waitel Myrna L 3539 Fox Ridge Blvd Zephyrhills Fl. 33543	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBS, SHERRY A 14612 OLD FOREST CT ORLANDO, FL 32826	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dukes Sharon A 109 Fontaine Dr Thomasville Fl. 31792	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WAITEL, MYRNA 3539 FOX RIDGE BLVD ZEPHYRHILLS, FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Garcia Maria 20131 SW 116th Ave Miami Fl. 33189	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COX, MARTHA L 2135 TRAYMORE ROAD JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Cox Martha L 2135 Traymore Rd Jacksonville Fl. 32207	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUKES, SHARON A 109 FONTAINE DR THOMASVILLE, GA 317924106	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Heldebrand Beth 6748 Johnstown Loop Tallahassee, Fl 32309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HILDEBRAND, BETH 6748 JOHNSTOWN LOOP TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jacobs Sherry A 14612 Old Forest Ct Orlando, Fl. 32823	☑ Change ☐ Addition

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: Beth Heldebrand 4-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #