

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90021 026 \*\*\*\*70.00

DOCUMENT # N95000002861

1. Entity Name

THE GRAND ENCAMPMENT OF FLORIDA, I O O F INC.



Principal Place of Business

PO BOX 5269  
ENGLEWOOD FL 34224-0269

Mailing Address

PO BOX 5269  
ENGLEWOOD FL 34224-0269

2. Principal Place of Business

20131 S.W. 116Ave.

Suite, Apt. #, etc.

--no--

City & State

Miami, Florida

Zip

33189

Country

U.S.A.

3. Mailing Address

20131 S.W. 116 Ave.

Suite, Apt. #, etc.

--no--

City & State

Miami, Florida

Zip

33189

Country

U.S.A.

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0041618

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, STEPHEN GHP  
7419 CLEARWATER ST  
ENGLEWOOD FL 34224-0269

7. Name and Address of New Registered Agent

Name Garcia, Jose, Fco.

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

20131 S.W. 116Ave.

City

Miami

FL

Zip Code

33189

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

3/22/05

FILE NOW: 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

TITLE	GHPD	<input type="checkbox"/> Delete
NAME	JOHNSON, STEPHEN	
STREET ADDRESS	7419 CLEARWATER ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224-0269	
TITLE	GPD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, WILLIAM C	
STREET ADDRESS	71 PIERCE ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	GSWD	<input checked="" type="checkbox"/> Delete
NAME	MOGINET, RAUL	
STREET ADDRESS	2252 SW 18TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOWER, ROBERT L	
STREET ADDRESS	1522 GEORGETOWN LANE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	GSWD	<input checked="" type="checkbox"/> Delete
NAME	FARRADAZ, ALDO	
STREET ADDRESS	1664 W. 42ND STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	GPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molinet, Raul	
STREET ADDRESS	2252 S.W. 18 St.	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	GSWD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	May, Donald	
STREET ADDRESS	2001 Pine St.	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	GJWD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bosakewich, Moris	
STREET ADDRESS	16158 S.W. 36 Court	
CITY-ST-ZIP	Miramar, Florida 33027	
TITLE	GSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garcia, Jose Fco.	
STREET ADDRESS	20131 S.W. 116 Ave.	
CITY-ST-ZIP	Miami, FL 33189	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

305-469-19-11

Daytime Phone #