


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90153 043 \*\*\*\*70.00

<b>DOCUMENT # N95000002861</b> 1. Entity Name <b>THE GRAND ENCAMPMENT OF FLORIDA, I O O F INC.</b>					
Principal Place of Business <b>20131 S.W. 116 AVE.</b> <b>MIAMI, FL 33189 US</b>			Mailing Address <b>20131 S.W. 116 AVE.</b> <b>MIAMI, FL 33189 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0041618</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARCIA, JOSE F</b> <b>20131 S.W. 116 AVE.</b> <b>MIAMI, FL 33189</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GPD MOLINET, RAUL 2252 S.W. 18 ST. MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GPD May Donald 2001 Pine Street Saint Cloud FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSWD MAY, DONALD 2001 PINE ST. SAINT CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSWD Bosakewich Moris 16158 S.W. 36 Court Miramar FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GJWD BOSAKEWICH, MORIS 16158 S.W. 36 COURT MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GJWD Farradaz, Adriano H. 1662 West 42nd Street Hialeah FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWER, ROBERT L 1522 GEORGETOWN LANE SARASOTA, FL 34238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bower, Robert L. 1552 Georgetown Lane Sarasota FL 34238	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSD GARCIA, JOSE F 20131 S.W. 116 AVE. MIAMI, FL 33189	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GSD Garcia Jose F. 20131 S.W. 116 Ave Miami FL 33189	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/30/06</b> - 305-469-1911 <small>Daytime Phone #</small>		