

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC 28 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003046

1. Entity Name
DEPARTMENT COUNCIL OF FLORIDA, PATRIARCHS
MILITANT INDEPENDENT ORDER OF ODDFELLOWS,
INCORPORATED



Principal Place of Business
7419 CLEARWATER ST.
ENGLEWOOD, FL 34224 US

Mailing Address
P O BOX 5269
ENGLEWOOD, FL 34224-0269 US



2. Principal Place of Business

23 Henry Dr.

3. Mailing Address

Suite, Apt. #, etc.

Winter Haven, FL.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192006 REIN-NP

CR2E099 (11/05)

4. FEI Number
59-0302797

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, STEPHEN
7419 CLEARWATER ST.
ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent

Name
Charles L. Adams
Street Address (P.O. Box Number is Not Acceptable)
23 Henry Dr.
Winter Haven
City
FL Zip Code
33880

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 Charles L. Adams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-17-06
DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWLING, DAVID B 4532 BROWNIE RD. PORT CHARLOTTE, FL 339535934	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWER, ROBERT L 1522 GEORGETOWN LANE SARASOTA, FL 34230	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JOSE F 20131 SW 116TH AVE MIAMI, FL 33125	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, STEPHEN 7419 CLEARWATER STREET ENGLEWOOD, FL 34224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QM BURDICK, GUY 423 MACY LAKE HELEN, FL 327743237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose F. Garcia 20131 SW 116th Ave Miami, FL 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Aldo Farradaz 1664 W 42nd Street Hialeah, FL 33012-5859	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles L. Adams 23 Henry Dr. Winter Haven, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QM Manuel Bosakewich 4490 W 19th Ct. Apt. D 113 Hialeah, FL 33012-2806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12/28/06--01010--006 **236.25

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/06

12/28/06