

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003046

1. Entity Name



DEPARTMENT COUNCIL OF FLORIDA, PATRIARCHS
MILITANT INDEPENDENT ORDER OF ODDFELLOWS,

Principal Place of Business

Mailing Address

23 HENRY DR.
WINTER HAVEN FL 33880
US

P O BOX 5269
ENGLEWOOD FL 34224-0269
US



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 (10/06)

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

7. Name and Address of New Registered Agent

ADAMS, CHARLES L
23 HENRY DR.
WINTER HAVEN FL 34224-3388

Name

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

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, 2007

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 D ☐ Delete
NAME GARCIA, JOSE F
STREET ADDRESS 20131 SW 116 AVE
CITY-ST-ZIP MIAMI FL 33125

☐ Change ☐ Addition
U000000611360
02/02/07-80058-021 70.00

TITLE D ☐ Delete
NAME FARRADAZ, ALDO
STREET ADDRESS 1664 W 42ND STREET
CITY-ST-ZIP HIALEAH FL 33012-5859

☐ Change ☐ Addition

TITLE VP ☐ Delete
NAME GARCIA, JOSE F
STREET ADDRESS 20131 SW 116TH AVE
CITY-ST-ZIP MIAMI FL 33125

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME ADAMS, CHARLES L
STREET ADDRESS 23 HENRY DR.
CITY-ST-ZIP WINTER HAVEN FL 33880

☐ Change ☐ Addition

TITLE OM ☐ Delete
NAME BOSAKIEWICH, MANUEL
STREET ADDRESS 4490 W 19TH CT., APT D-113
CITY-ST-ZIP HIALEAH FL 33012-2806

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Jose F. Garcia

1/26/07

305-469-19-11