

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003046

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

23 HENRY DR.
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

20131 SW 116 AVE
MIAMI, FL 33186 US

Current Mailing Address:

23 HENRY DR.
WINTER HAVEN, FL 33880 US

New Mailing Address:

20131 SW 116 AVE
MIAMI, FL 33186 US

FEI Number: 59-0302797 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ADAMS, CHARLES L
23 HENRY DR.
WINTER HAVEN, FL 342243388 US

Name and Address of New Registered Agent:

GARCIA, JOSE F
20131 SW 116 AVE
MIAMI, FL 33186 US

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.

SIGNATURE: JOSE F. GARCIA

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, JOSE F
Address: 20131 SW 116 AVE
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: FARRADAZ, ALDO
Address: 1664 W 42ND STREET
City-St-Zip: HIALEAH, FL 330125859

Title: VP () Delete
Name: GARCIA, JOSE F
Address: 20131 SW 116TH AVE
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: ADAMS, CHARLES L
Address: 23 HENRY DR.
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: QM (X) Delete
Name: BOSAKEWICH, MANUEL
Address: 4490 W 19TH CT., APT D-113
City-St-Zip: HIALEAH, FL 330122806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARRADAZ, ALDO
Address: 1664 W 42 ST
City-St-Zip: HIALEAH, FL 33012

Title: VP (X) Change () Addition
Name: ADAMS, CHARLES L
Address: 23 HENRY DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: O (X) Change () Addition
Name: GARCIA, JOSE F
Address: 20131 SW 116TH AVE
City-St-Zip: MIAMI, FL 33186

Title: O (X) Change () Addition
Name: BOSAKEWICH, MANUEL
Address: 4490 W 19 CT. APT. #D-113
City-St-Zip: HIALEAH, FL 33012 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALDO FARRADAZ

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date