

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003046

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

20131 SW 116 AVE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

20131 SW 116 AVE  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 59-0302797      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FARRADAZ, ALDO  
Address: 1664 W 42 ST  
City-St-Zip: HIALEAH, FL 33012

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALDO FARRADAZ

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date