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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703753 (4)

1. Corporation Name
INDIAN MOUND GRANGE NO 177 INC

Principal Place of Business 1624 TALBOTT STREET, S.E. PALM BAY FL 32909	Mailing Address 1624 TALBOTT STREET, S.E. PALM BAY FL 32909-5413
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/20/1962	3a. Date of Last Report 02/19/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7215479	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OLIVIERI, JOYCE D.
1624 TALBOTT ST. S.E.
PALM BAY FL 32909**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input checked="" type="checkbox"/> DELETE	1.1 TITLE	MASTER D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVIERI, JOE	1.2 NAME	JOYCE OLIVIERI
STREET ADDRESS	1624 TALBOTT ST., S.E.	1.3 STREET ADDRESS	1624 TALBOTT ST. S.E.
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	PALM BAY FL
TITLE	DO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	OVERSEER D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, FRED	2.2 NAME	P.M. MILLER
STREET ADDRESS	1265 ETHEL CIR. N.E.	2.3 STREET ADDRESS	TRINITY TOWERS #512-E
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	PALM BAY FL
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, HERBERT	3.2 NAME	
STREET ADDRESS	TRINITY TOWERS #411	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVIERI, JOYCE	4.2 NAME	DOROTHEA BARDEN
STREET ADDRESS	1624 TALBOTT ST., S.E.	4.3 STREET ADDRESS	721 BIANCA DR. N.E.
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	PALM BAY FL 32905
TITLE	EC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	EX. COMMITTEE D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, P.M.	5.2 NAME	JOE OLIVIERI
STREET ADDRESS	TRINITY TOWERS #512-E	5.3 STREET ADDRESS	1624 TALBOTT ST. S.E.
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	PALM BAY FL
TITLE	R. COMM. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES DEVOE	6.2 NAME	
STREET ADDRESS	1635 ADVIEW RD. S.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DOROTHEA BARDEN** *Dorothea Barden, Secy.* 1/23/97

CR2E037 (9/96)