

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90136 002 \*\*\*\*61.25

**DOCUMENT # 703753**

1. Entity 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
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **23-7215479**

Applied For
Not Applicable

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

737799



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

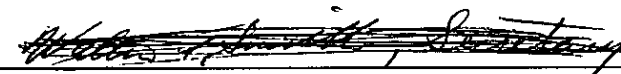
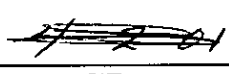
7. Name and Address of New Registered Agent

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.

SIGNATURE  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME	<b>S</b> <b>OLIVIERI, JOYCE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1624 TALBOTT ST., S.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE NAME	<b>S</b> <b>SMITH, WALTER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>PO BOX 205</b>	
CITY-ST-ZIP	<b>WINTER BCH FL 32971</b>	
TITLE NAME	<b>DT</b> <b>HOWARD, HERBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>TRINITY TOWERS #411</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE NAME	<b>S</b> <b>BARDEN, DORTHEA</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>721 BIANCA DR., N.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE NAME	<b>ECD</b> <b>THIBAUT, CHESTER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>708 ANITA ST</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34982</b>	
TITLE NAME	<b>ECD</b> <b>ANDERSON, FRED</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1265 ETHEL CIRCLE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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:  **4-02-01** **561-568-1168**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)