


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

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90100 014 \*\*\*\*61.25

<b>DOCUMENT # 703753</b> 1. Entity Name INDIAN MOUND GRANGE NO 177 INC	
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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 - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State  Zip Country	City & State  Zip Country	4. FEI Number 23-7215479	Applied For <input type="checkbox"/> Not Applicable
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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 <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</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 Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> Delete NAME: OLIVIERI, JOYCE STREET ADDRESS: 1624 TALBOTT ST., S.E. CITY-STATE-ZIP: PALM BAY FL
TITLE	SD <input type="checkbox"/> Delete NAME: SMITH, WALTER STREET ADDRESS: PO BOX 205 CITY-STATE-ZIP: WINTER BCH FL 32971
TITLE	D <input checked="" type="checkbox"/> Delete NAME: THIBAUT, MURIEL STREET ADDRESS: 708 ANITA ST. CITY-STATE-ZIP: FORT PIERCE FL 34982
TITLE	P <input checked="" type="checkbox"/> Delete NAME: CADILLIC, EVELYN M STREET ADDRESS: 143 OESOTO AVE CITY-STATE-ZIP: HERNANDO MS 38632
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Carol Rogers STREET ADDRESS: 1185 Crescent Dr. CITY-STATE-ZIP: Titusville 32780
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Hazel Banner STREET ADDRESS: 3325 4 Ave. CITY-STATE-ZIP: Mims 32754
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-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: Walter T. Smith Walter T. Smith, Sec. 2/2/07 772-569-1168