


02-10-2003 90196 023 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **23-7215479**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	S D OLIVIERI, JOYCE	<input type="checkbox"/> Delete
STREET ADDRESS	1624 TALBOTT ST., S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE NAME	S D SMITH, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 205	
CITY-ST-ZIP	WINTER BCH FL 32971	
TITLE NAME	DT HOWARD, HERBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	606 E SHERDIAN ROOM 109A	
CITY-ST-ZIP	MELBOURNE FL	
TITLE NAME	D THIBAUT, MURIEL	<input type="checkbox"/> Delete
STREET ADDRESS	708 ANITA ST.	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE NAME	ECD ANDERSON, FRED	<input type="checkbox"/> Delete
STREET ADDRESS	5840 E HIBUS RM 303	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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: *Walter Smith* **WALTER SMITH** 2/4/03 772-569-1168
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)