

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
AND
FILED

95 MAY -1 PM 9: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764243 (2)

1. Corporation Name
**CARRILLON LODGE #880 I B P O E OF W OF LAKE WALE
S, FLORIDA, INCORPORATED**

Principal Place of Business WALES, FLORIDA, INCORPORATED 47 B. STREET LAKE WALES FL 33853	Mailing Address WALES, FLORIDA, INCORPORATED 47 B. STREET LAKE WALES FL 33853
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1982	3a. Date of Last Report 06/16/1994
4. FEI Number 59-1698867	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**DAVIS, WILLIE D.
47 B., STREET
LAKE WALES FL 33853**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT HERRING, SOLOMON 2445 LINDA STREET LAKE WALES, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILSON, OZELL 619 BOOKER AVE LAKE WALES, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REEVES, WILLIE T. 634 W. NORTH AVE. LAKE WALES, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ER WILLIAMS, JAFUS E 409 E STREET LAKE WALES, FL 00000	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, LEROY 218 NORTHSIDE DR. W. LAKE WALES, FL 00000	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WASHINGTON, DARRELL ESQ 529 LINCOLN AVE LAKE WALES, FL 00000	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE Stanley Barnes **STANLEY BARNES** 4-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Signature if Yes)