FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 21 AM 10:22

DOCUMENT # 764243 (2)

1. Corporation Name CARILLON

~~CARRILLON~~ LODGE #880 I B P O E OF W OF LAKE WALE S, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
WALES, FLORIDA, INCORPORATED 47 B. STREET LAKE WALES FL 33853	WALES, FLORIDA, INCORPORATED 47 B. STREET LAKE WALES FL 33853-3600

3. Date Incorporated or Qualified: 07/21/1982
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21 CARILLON Lodge #880
22 Suite, Apt. #, etc.
23 City & State: Lake Wales
24 Zip: 33853
25 Country: POLK

2a. Mailing Address
26 47 B ST
27 Suite, Apt. #, etc.
28 City & State: FLA
29 Zip: 3
30 Country:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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 700002340427--3
-11/06/97--01002--043
*****61.25 *****61.25
84 City FL

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
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE D	D	☒ Change ☐ Addition
NAME	WILCOX, BYRON C. Delete		1.2 NAME		
STREET ADDRESS	100 DORSETT AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 00000		1.4 CITY-ST-ZIP	BYRON C. Wilcox 1703 2ND ST NE WINTER HAVEN, FL. 33881	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	WILSON, OZELL Delete		2.2 NAME		
STREET ADDRESS	619 BOOKER AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 00000		2.4 CITY-ST-ZIP	Wilson Ozell PO BOX 1418 N/R LAKE WALES, FL	
TITLE	~~PD~~	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~LAWSON, WELDON~~ Delete.		3.2 NAME		
STREET ADDRESS	~~P.O. BOX 1031~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~LAKE WALES, FL 00000~~		3.4 CITY-ST-ZIP		
TITLE	~~SD~~	☒ DELETE	4.1 TITLE	LN	☐ Change ☐ Addition
NAME	~~BATTLES, ROBERT E.~~ Delete.		4.2 NAME	ROBERT BATTLES	
STREET ADDRESS	~~13 A W. SEMINOLE AVENUE~~		4.3 STREET ADDRESS	13A W. SEMINOLE AV Delete.	
CITY-ST-ZIP	~~LAKE WALES, FL 00000~~		4.4 CITY-ST-ZIP	LAKE WALES, FL	
TITLE	SD	☐ DELETE	5.1 TITLE ~~SECR.~~	~~SECR.~~ D	☐ Change ☐ Addition
NAME	BARNES, STANLEY		5.2 NAME D	BARNES, STANLEY	
STREET ADDRESS	2319 CHAT ST Delete.		5.3 STREET ADDRESS	P.O. Box 2323 N/H	
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-ST-ZIP	LAKE WALES, FL 33859-2323	
TITLE	~~VD~~	☐ DELETE	6.1 TITLE DER	D Exalted Ruler	☐ Change ☐ Addition
NAME	WASHINGTON, DARRELL ESQ		6.2 NAME	DARRELL G WASHINGTON	
STREET ADDRESS	529 LINCOLN AVE Delete.		6.3 STREET ADDRESS	529 LINCOLN AVE	
CITY-ST-ZIP	LAKE WALES, FL 00000		6.4 CITY-ST-ZIP	LAKE WALES, FL 33853	

CR2E037 (9/96)

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: Darrell G. Washington 11/4/97