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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14052 (7)

1. Corporation Name

THE GRAND FEMALE PROTECTIVE SOCIETY, LODGE NO.10
INC.

Principal Place of Business

Mailing Address

12610 NW 39TH AVE.
GAINESVILLE FL 3260612610 NW 39TH AVE.
GAINESVILLE FL 32606-4828

3. Date Incorporated or Qualified

03/27/1986

3a. Date of Last Report

03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2351131

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUTLEDGE, ROSA L.
12610 NW 39TH AVE.
GAINESVILLE FL 32606

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME CROMWELL, NORMA JEAN
STREET ADDRESS RT. 2, BOX 80
CITY-ST-ZIP ALACHUA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME GREEN, CARRIE
STREET ADDRESS 1103 N.W. 7TH AVE.
CITY-ST-ZIP GAINESVILLE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME WASHINGTON, ALTAMESE
STREET ADDRESS 1256 S.W. 12TH AVE.
CITY-ST-ZIP GAINESVILLE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME CERTAIN, BEATRICEA
STREET ADDRESS RTE 1, BOX 6
CITY-ST-ZIP ALACHUA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME RUTLEDGE, ROSA L.
STREET ADDRESS RT.2, BOX 280
CITY-ST-ZIP ARCHER FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME TURNER, ELIZABETH
STREET ADDRESS 908 S.W. 18TH TERR.
CITY-ST-ZIP GAINESVILLE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Rosa L. Rutledge, Rosa L. Rutledge 1-27-97 352-528-3542 216

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #0011017

CR2E037 (9/96)