2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2004 8:00 am DOCUMENT # N14052 **Secretary of State** 1. Entity Name 02-16-2004 90036 017 \*\*\*\*61.25 THE GRAND FEMALE PROTECTIVE SOCIETY, LODGE NO.10 INC. Principal Place of Business Mailing Address 12610 NW 39TH AVE. 12610 NW 39TH AVE. **GAINESVILLE FL 32606 GAINESVILLE FL 32606** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-2351131 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUTLEDGE, ROSA L. Street Address (P.O. Box Number is Not Acceptable) 12610 NW 39TH AVE. GAINESVILLE FL 32606 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Addition ☐ Delete ☐ Change CROMWELL, NORMA JEAN NAME RT. 2, BOX 80 STREET ADDRESS STREET ADDRESS ALACHUA FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Hunt, Essie Mae 707 SW 143rd St. Wewberry, FL 32669 GREEN, CARRIE NAME NAME 1103 N.W. 7TH AVE. STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition WASHINGTON, ALTAMESE NAME NAME 1256 S.W. 12TH AVE. STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CERTAIN, BEATRICEA NAME NAME RTE 1, BOX 6 STREET ADDRESS STREET ADDRESS ALACHUA FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition RUTLEDGE ROSA L. NAME NAME RT.2, BOX 280 STREET ADDRESS STREET ADDRESS ARCHER FL CITY-ST-7IP CITY-ST-ZIP BUE ☐ Delete TITLE Change ☐ Addition TURNER, ELIZABETH NAME NAME 908 S.W. 18TH TERR. STREET ADDRESS STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP

FILED

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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