


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90037 020 \*\*\*\*61.25

<b>DOCUMENT # N42593</b>					
1. Entity Name PRIDE OF AVON, LODGE NO. 462, INC.					
Principal Place of Business 917 SOUTH A AVE AVON PARK, FL 33825			Mailing Address P O BOX 1745 AVON PARK, FL 33826		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 41-2189874	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTS, ESTON 917 SOUTH A AVENUE AVON PARK, FL 32825			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, ESTON		NAME		
STREET ADDRESS	917 SOUTH A AVE		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, LEROY		NAME		
STREET ADDRESS	1093 E CORNELL ST		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNIGHT, WILLIE B		NAME		
STREET ADDRESS	1307 SOUTHLAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	Chaplain	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Frank Paul Jones		NAME		
STREET ADDRESS	917 South A Ave		STREET ADDRESS		
CITY-ST-ZIP	Avon Park, Fla 33825		CITY-ST-ZIP		
TITLE	marshal	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Vandy Hawk		NAME		
STREET ADDRESS	324 Washington St		STREET ADDRESS		
CITY-ST-ZIP	Avon Park, Fla 33826		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>ESTON Roberts</i>			Date: <i>Jan 18, 2008</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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