

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700063

FILED
Jun 26, 2006
Secretary of State

Entity Name: INDIAN MOUND LODGE NO. 1205, I. B. P. O. E. OF W., INC.

Current Principal Place of Business:

118 KIWI PLACE
BOX 759
FT WALTON, FL 32548

New Principal Place of Business:

Current Mailing Address:

118 KIWI PLACE
BOX 759
FT WALTON, FL 32548

New Mailing Address:

FEI Number: 59-1907669 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WYCHE, ANDREW M
706 LONGLEAF DRIVE
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: EDMUEL, ALLEN A
Address: 649 MCCLELLAND
City-St-Zip: CRESTVIEW, FL 32536

Title: PDD () Delete
Name: WALLACE, MARSHALL JR
Address: 9417 VICTORIA LANE
City-St-Zip: MC DAVID, FL 32568

Title: SD () Delete
Name: WYCHE, ANDREW M
Address: 706 LONGLEAF DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: MILTON, JERRY
Address: 813 OVERBROOK DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SAMUEL, ALLEN A
Address: 649 MCCLELLAND
City-St-Zip: CRESTVIEW, FL 32536

Title: PDD (X) Change () Addition
Name: WALLACE, MARSHALL JR
Address: 9417 VICTORIA LANE
City-St-Zip: NAVARRE, FL, FL 32566

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: TD (X) Change () Addition
Name: KING, ALGIE R
Address: 16 COMET STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW M. WYCHE

SD

06/26/2006

Electronic Signature of Signing Officer or Director

Date