


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 10, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # 700063</b> 1. Entity Name INDIAN MOUND LODGE NO. 1205, I. B. P. O. E. OF W., INC.		
Principal Place of Business 118 KIWI PLACE BOX 759 FT WALTON, FL 32548	Mailing Address 118 KIWI PLACE BOX 759 FT WALTON, FL 32548	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WYCHE, ANDREW M 706 LONGLEAF DRIVE FORT WALTON BEACH, FL 32548		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u><i>Andrew M. Wyche</i></u> DATE: <u>7-6-07</u> <small>Signature: Agent or printed name of registered agent and title and address (NOTE: Registered Agent signature required when reissuing)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD SAMUEL, ALLEN A 649 MCCLELLAND CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	POD WALLACE, MARSHALL JR 9417 VICTORIA LANE NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD WYCHE, ANDREW M 706 LONGLEAF DRIVE FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD KING, ALGIE R 16 COMET STREET FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-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: <u><i>Andrew M. Wyche</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>7-6-07</u> <small>DATE</small>



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1907669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000767789  
07/10/07-80019-017 70.00

**DO NOT WRITE  
IN THIS SPACE**