

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

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 700063

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

DO NOT WRITE IN THIS SPACE



01022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1907669

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYCHE, ANDREW M
708 LONGLEAF DRIVE
FORT WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAMUEL, ALLEN A 649 MCCLELLAND CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD WALLACE, MARSHALL JR 9417 VICTORIA LANE NAVARRE, FL, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYCHE, ANDREW M 708 LONGLEAF DRIVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, ALGIE R 16 COMET STREET FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/08/08-80044-001 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Andrew M. Wyche
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-08 850-863-5801
Date Daytime Phone #