2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# 700063

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)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:	SAMUEL, 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:	NAVARRE, FL, FL 32566	
Title:	SD	( ) Delete
Name:	WYCHE, ANDREW M	
Address:	706 LONGLEAF DRIVE	
City-St-Zip:	FORT WALTON BEACH, FL 32548	
Title:	TD	( ) Delete
Name:	KING, ALGIE R	
Address:	16 COMET STREET	
City-St-Zip:	FORT WALTON BEACH, FL 32548	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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 02/15/2009

Electronic Signature of Signing Officer or Director — Date