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FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90112 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703753

1. Corporation Name
INDIAN MOUND GRANGE NO 177 INC

371985 - 90027 - 10

Principal Place of Business	Mailing Address
1624 TALBOTT STREET, S.E. PALM BAY FL 32909	1624 TALBOTT STREET, S.E. PALM BAY FL 32909

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/20/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7215479 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLIVERI, JOYCE D. 1824 TALBOTT ST. S.E. PALM BAY FL 32909	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD OLIVERI, JOYCE 1624 TALBOTT ST., S.E. PALM BAY FL	☐ DELETE GRANGE MASTER	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition SECRETARY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, P.M. TRINITY TOWERS, #512-E PALM BAY FL	☒ DELETE	2.1 TITLE (S) / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition WALTER SMITH P.O. BOX 205 WINTER BEACH-FL. 32971
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HOWARD, HERBERT TRINITY TOWERS #411 MELBOURNE FL	☐ DELETE TREASURER	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARDEN, DORTHEA 721 BIANCA DR., N.E. PALM BAY FL	☐ DELETE LECTURER	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ECD THIBAULT, CHESTER 708 ANITA ST FT PIERCE FL 34982	☐ DELETE EXECATIVE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition OVERSEERER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ECD COUTURE, ROLAND 927 SEQUOLA ST SEBASTIAN FL 32976	☒ DELETE DITTO	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition FRED ANDERSON 1265 ETHEL CIRCLE PALM BAY- FL-32905

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/3/99 - 1407-722-0883.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joyce D. Oliveri