2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90314 014 ****61.25

DOCUMENT # 703753

1. Entity Name
INDIAN MOUND GRANGE NO 177 INC

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

DO NOT WRITE IN THIS SPACE

03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7215479
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVIERI, JOYCE D.
1624 TALBOTT ST. S.E.
PALM BAY, FL 32909

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	OLIVIERI, JOYCE
STREET ADDRESS	1624 TALBOTT ST., S.E.
CITY-ST-ZIP	PALM BAY, FL
TITLE	SD
NAME	SMITH, WALTER
STREET ADDRESS	PO BOX 205
CITY-ST-ZIP	WINTER BCH, FL 32971
TITLE	D
NAME	THIBAULT, MURIEL
STREET ADDRESS	708 ANITA ST.
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	P
NAME	CADILLIC, EVELYN M
STREET ADDRESS	~~156 PHYLLIS DR.~~ 143 Desoto Ave.
CITY-ST-ZIP	~~SEBASTIAN, FL 32958~~ Hernando, Ms 38632
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Walter T. Smith Walter T. Smith 4-5-06 772-569-1168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #