

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710853** (3)

1. Corporation Name

THE GRAND LODGE OF THE INDEPENDENT ORDER OF ODD FELLOWS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5335
ENGLEWOOD FL 34224

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ENGLEWOOD FL 34224

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1966	3a. Date of Last Report 02/16/1994
4. FEI Number 59-0302797	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, STEPHEN
7419 CLEARWATER STREET
ENGLEWOOD FL 34224**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signatures, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEPHEN	1.2 NAME	
STREET ADDRESS	7419 CLEARWATER ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	ENGLEWOOD FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JAMES D.	2.2 NAME	
STREET ADDRESS	814 CASTLE COURT NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, FRANCIS	3.2 NAME	
STREET ADDRESS	10944 104TH STREET N	3.3 STREET ADDRESS	
CITY - ST - ZIP	S LARGO FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, DONALD E	4.2 NAME	D
STREET ADDRESS	1809 SUNSET LANE	4.3 STREET ADDRESS	JIM L. WALLACE
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	13502 COLLEN RA, TACKSONVILLE, FL 32218
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUETT, OTIS	5.2 NAME	
STREET ADDRESS	5362 PARK AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DELEON FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Stephan Johnson **STEPHON JOHNSON, GRAND SECRETARY** 15 Apr '95 813-475-9792

SIGNATURE AND TYPED OR PRINTED NAME OF NOMINATING OFFICER OR DIRECTOR

Signature Plate #