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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

P.O. BOX 5335
ENGLEWOOD FL 34224-0335

3. Date Incorporated or Qualified
05/09/1966

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0302797

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME JOHNSON, STEPHEN
STREET ADDRESS 7419 CLEARWATER ST
CITY-ST-ZIP ENGLEWOOD FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME HARRISON, JAMES D.
STREET ADDRESS 814 CASTLE COURT NORTH
CITY-ST-ZIP TAMPA FL

2.1 TITLE D Change Addition
2.2 NAME BOWER, ROBERT L
2.3 STREET ADDRESS 1522 GORGETOWN LANE
2.4 CITY-ST-ZIP SARASOTA, FL

TITLE D DELETE
NAME BOSAKEWICH, MORRIS
STREET ADDRESS 117 NE FIRST AVE #605
CITY-ST-ZIP MIAMI FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME WALLACE, JIM L
STREET ADDRESS 13502 COLLEN RD.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME TRUETT, OTIS
STREET ADDRESS 5362 PARK AVE
CITY-ST-ZIP DELEON FL

5.1 TITLE D Change Addition
5.2 NAME MORROW, EDWARD E
5.3 STREET ADDRESS 904 ALLIGOOD COURT
5.4 CITY-ST-ZIP TALLAHASSEE, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Stephen Johnson STEPHEN JOHNSON 31 Jan 1997 941-475-9792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0082478

CR2E037 (9/96)