FILE NOW: FILING FEE JS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

716458

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THE GRAND LÔDGE KNIGHTS OF PYTHIAS, OF NORTH AME RICA, SOUTH AMERICA, EUROPE, ASIA, AFRICA, AND A

FILED
Mar 26 1998 8:00am
Secretary of State

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Principal Place of Business Mailing Address								
1040 BROAD ST. 1040 BROAD ST. P.O. BOX 2021 P.O. BOX 2021 JACKSONVILLE FL 32203 JACKSONVILLE FL 32203				3. Date Incorporated or Qualified 04/29/1969				
	6 4574	photoofthee Te gago			4. FEI Number	Applied F		
O Dringland D	New of Dunings	De Mailing Address	··-··		59-0596850	Not Applic	\dashv	
21	Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May B			,	
27				Trust Fund Contribution Added to Fees				
23		City & State			7. Is this nonprofit corporation a homeowners association? Yes No			
Zip	Country	Zip	Country	<i>!</i>	8. This corporation owes or has paid the current		,	
24	25]	29 3	0		Personal Property Tax due June 30.			
	9, Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Registered Age	nt		
CENNE	L, ALTON		81		Anderson, Hosea			
255 AVE			82		Idress (P.O. Box Number is Not Acceptable) 12 San Jose Blvd.			
	T. JOE FL 32456	*	83		ksonville, Florida 32223		\neg	
			84		FL ⁸			
44 8	- H	0 017 1500 Florida Otal 4	166 4	<u> </u>	<u> </u>	100		
office or r	to the provisions of Sections 617,050 registered agent, or both, in the State	of Florida. Such change was aut	, the abov horized b	e-named co y the corp ø l	orporation submits this statement for the purpose of charation's board of directors. I hereby accept the appoint	anging its register ment as register	red	
agent. I a					1/1 2/0	/0.9		
SIGNATURE ,	Hosea Anderson Signature, typnid or printed name of registered age	, Grand Chance	llor		action 2/8 quired when reinstating) DATE	/98		
12.	OFFICERS AN		13.	ally although tec	ADDITIONS/CHANGES TO OFFICERS AND DIS	RECTORS IN 12	,	
TITLE	SD	DELETE	1.1 TITLE			Change Ad		
NAME	WADE, GLEN		1.2 NAME					
STREET ADDRESS	1408 MAUDE STREET			ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-				- 1	
TITLE	TD	☐ DELETE	2.1 TITLE			Change Ad	ddition	
NAME	PATTEN, HILLMAN D.		2.2 NAME	l	Course of the Armer Transfer	. 17		
STREET ADDRESS	1962 HICKORY RUN, EAST			ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL		2. 4 C/TY-	- 1				
TITLE	PD	□ DELETE	3.1 TITLE			Change Z Ad	ddition	
NAME	FENNELL, ALTON	2	3.2 NAME		Director Hosea Anderson			
STREET ADDRESS	255 AVENUE A		3.3 STREE	ADDRESS	12412 San Jose Blvd.			
CITY-ST-ZIP	PORT ST. JOE FL		3.4. CITY-	L	Jacksonville, Fl. 32223		}	
TITLE		☐ DELETE	4.1 TITLE		UGUKSUMY LLLS4 ELA MACCA	Change	ddition	
NAME			4. 2 NAME				İ	
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	dition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP]	
TITLE		☐ DELETE	6.1 TITLE			Change	dition	
NAME			6.2 NAME				1	
STREET ADDRESS			6.3 STREET	ADORESS				
			4	ST-ZIP			- 1	

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, of on an attachment with an address.

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2/1/98

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