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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 716458

1. Corporation Name

THE GRAND LODGE KNIGHTS OF PYTHIAS, OF NORTH AMERICA, SOUTH AMERICA, EUROPE, ASIA, AFRICA, AND A

Principal Place of Business

1040 BROAD ST. P.O. BOX 2021 JACKSONVILLE FL 32203

Mailing Address

1040 BROAD ST. P.O. BOX 2021 JACKSONVILLE FL 32203



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/29/1969

22 City & State

27 City & State

4. FEI Number 59-0596850

Applied For Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 25

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

ANDERSON, HOSEA 12412 SAN JOSE BLVD JACKSONVILLE FL 32223

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 WADE, GLEN STREET ADDRESS 1408 MAUDE STREET CITY-ST-ZIP TALLAHASSEE FL

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

TITLE TD [] DELETE NAME PATTEN, HILLMAN D. STREET ADDRESS 1962 HICKORY RUN, EAST CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE D [] DELETE NAME ANDERSON, HOSEA STREET ADDRESS 12412 SAN JOSE BLVD CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

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 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] SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

(904) 354-3003

Date

Daytime Phone #

CR2E037 (1/98)