

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2009
Secretary of State

DOCUMENT# 716458

Entity Name: THE GRAND LODGE KNIGHTS OF PYTHIAS, OF NORTH AMERICA, SOUTH AMERICA, EUROPE, ASIA, AFRICA AND AUSTRALIA, JURISDICTION OF FLORIDA, INC.

Current Principal Place of Business:

1040 BROAD ST.
JACKSONVILLE, FL 32203

New Principal Place of Business:

Current Mailing Address:

PO BOX 2021
JACKSONVILLE, FL 32230

New Mailing Address:

FEI Number: 59-0596850 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RANDOLPH, ROOSEVELT
3065 HIGHLAND OAKS TERRACE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CC () Delete
Name: MONETTE, CLARANCE
Address: 313 AVENUE B
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: T () Delete
Name: WADE, GLEN
Address: 1040 BROAD ST.
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: VCC () Delete
Name: GUNN, HENRY
Address: 4639 HOSFORD HWY
City-St-Zip: QUINCY, FL US

Title: GA () Delete
Name: RANDOLPH, ROOSEVELT
Address: 3029 HAWKS CLAW
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: GC (X) Change () Addition
Name: MONETTE, CLARANCE
Address: 313 AVENUE B
City-St-Zip: PORT SAINT JOE, FL 32456 US

Title: KR&S (X) Change () Addition
Name: WADE, GLEN
Address: 1040 BROAD ST.
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: GME (X) Change () Addition
Name: GUNN, HENRY
Address: 4639 HOSFORD HWY
City-St-Zip: QUINCY, FL US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE MONETTE

Electronic Signature of Signing Officer or Director

GC

08/17/2009

_____ Date