2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763306 1. Entity Name	FILED Feb 11, 2000 8:00 am						
CRESTVIEW, FLORIDA LODGE #2624	, BENEVOLENT AND	P	Sec	cretary 0 11-2000 90008 02	f Stat	e	
Principal Place of Business	Mailing Address			11 2000 90000 02	01.23		
127 PINE AVE W PO BOX 153 CRESTVIEW FL 32536	127 PINE AVE W PO BOX 153 CRESTVIEW FL 32536-0153		1 10 B) (1 4 B) 2 B (1		ājsit ējēti elsti ste	11 812 (1 1 48)	
2. Principal Place of Business	3. Mailing Address	_					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE		
City & State	City & State		4. FEI Number 59-2070926			Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of St.	atus Desired	\$8.75 Add	ditional	
6. Name and Address of Current I	Registered Agent		7Name and Add	ress of New Registers	d Agent		
		Name					
THOMAS, CHARLES G		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
105 THURSTON PLACE							
CRESTVIEW FL 32536		City		F	Zip Code	e	
8. The above named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both, in	the state of Florida.	L		
Oldivirone	V. Clark			J - 3	- 2000	··	
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered Agent signature req	uired when reinstating)	DAI			
FILE NOW: FEE IS \$61.25	9. Election Campaigr Trust Fund Contrib	· · · · · · · · · · · · · · · · · · ·	5.00 May Be Ided to Fees		k Payable to ent of State	•	
10. OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	ES TO OFFICERS AND	DIRECTORS IN	10	
TITLE ERT NAME JOHNSON, GARY STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32539	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE TR NAME JENKINS, JERRY	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS 6169 GARDEN CITY RD. CRESTVIEW FL	بىرىيە ئادىمىدىيەن سىنىتىن ئالىرىدىدىدىنىدىنىدىنىدىنىدىنىدىنىدىنىدىنىد	STREET ADDRESS CITY-ST-ZIP	and the second s	en andrese			
TITLE TR	☐ Delete	TITLE			Change	Addition	
NAME THAMES, RANDY STREET ADDRESS 3153 AIRPORT ROAD		NAME STREET ADDRESS					
CITY-ST-ZIP CRESTVIEW FL		CITY-ST-ZIP					
TITLE S	☐ Delete	TITLE			Change	Addition	
NAME CLARK, WILBURN N		NAME					
STREET ADDRESS 5984 CLARK MOORE LN CRESTVIEW FL 32531		STREET ADORESS CITY-ST-ZIP					
TITLE TR	☐ Delete	TITLE			Change	☐ Addition	
NAME TYNER, PAUL		NAME					
STREET ADDRESS P.O. BOX 1982 N/A CRESTVIEW FL 32536		STREET ADDRESS					
On Other Charles In the Control of t		CITY-ST-7IP					
CHECTTIENT E DEGOD		CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME	☐ Delete	CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	
TITLE OFFICE TE SESSE	Delete	TITLE			☐ Change	☐ Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

2-3-200

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #