

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764243 (2)

1. Corporation Name

**CARRILLON LODGE #880 I B P O E OF W OF LAKE WALE
S, FLORIDA, INCORPORATED**

Principal Place of Business

**WALES, FLORIDA, INCORPORATED
47 B. STREET
LAKE WALES FL 33853**

Mailing Address

**WALES, FLORIDA, INCORPORATED
47 B. STREET
LAKE WALES FL 33853**



3. Date Incorporated or Qualified
07/21/1982

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1698867

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, WILLIE D.
47 B., STREET
LAKE WALES FL 33853**

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 **CT** ☒ DELETE
NAME **HERRING, SOLOMON**
STREET ADDRESS **2445 LINDA STREET**
CITY-ST-ZIP **LAKE WALES, FL 00000**

1.1 TITLE **B** ☒ Change ☐ Addition
1.2 NAME **BYRON C. WILCOX**
1.3 STREET ADDRESS **100 DORSETT AV.**
1.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **T** ☐ DELETE
NAME **WILSON, OZELL**
STREET ADDRESS **619 BOOKER AVE**
CITY-ST-ZIP **LAKE WALES, FL 00000**

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

TITLE **PD** ☒ DELETE
NAME **REEVES, WILLIE T.**
STREET ADDRESS **634 W. NORTH AVE.**
CITY-ST-ZIP **LAKE WALES, FL 00000**

3.1 TITLE **LK** ☒ Change ☐ Addition
3.2 NAME **WELDON LAWSON**
3.3 STREET ADDRESS **P.O. BOX 1031**
3.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **ER** ☒ DELETE
NAME **WILLIAMS, JAFUS E**
STREET ADDRESS **409 E STREET**
CITY-ST-ZIP **LAKE WALES, FL 00000**

4.1 TITLE **LK** ☒ Change ☐ Addition
4.2 NAME **ROBERT E. BATTLES**
4.3 STREET ADDRESS **13 A W SEMINOLE AV**
4.4 CITY-ST-ZIP **LAKE WALES, FL AVE**

TITLE **SD** ☐ DELETE
NAME **BARNES, STANLEY**
STREET ADDRESS **2319 CHAT ST**
CITY-ST-ZIP **LAKE WALES FL**

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

TITLE **VD** ☐ DELETE
NAME **WASHINGTON, DARRELL ESO**
STREET ADDRESS **529 LINCOLN AVE**
CITY-ST-ZIP **LAKE WALES, FL 00000**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Darrell E. Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

Daytime Phone #

CR2E037 (12/95)