


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 764243 (2) 1. Corporation Name CARILLON LODGE #880 I B P O E OF W OF LAKE WALES, 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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/21/1982	
4. FEI Number 59-1698867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
DAVIS, WILLIE D 47 B. STREET LAKE WALES FL 33853	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D WILCOX, BYRON C
STREET ADDRESS	1703 2ND ST. NE
CITY-ST-ZIP	WINTER HAVEN FL 33881
TITLE	<input type="checkbox"/> DELETE
NAME	D OZELL, WILSON
STREET ADDRESS	P.O. BOX 442 (N/A)
CITY-ST-ZIP	LAKE WALES, FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BARNES, STANLEY
STREET ADDRESS	P.O. BOX 2323 (N/A)
CITY-ST-ZIP	LAKE WALES FL 33859-2323
TITLE	<input type="checkbox"/> DELETE
NAME	D WASHINGTON, DARRELL G
STREET ADDRESS	529 LINCOLN AVE.
CITY-ST-ZIP	LAKE WALES FL 33853
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D WELDON LAWSON
5.3 STREET ADDRESS	P.O. BOX 605 3RD ST
5.4 CITY-ST-ZIP	LAKE WALES, FL 33853
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D THOMAS MOSES
6.3 STREET ADDRESS	1746 TERRY CIR NE
6.4 CITY-ST-ZIP	WINTER HAVEN FL 33881

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.

SIGNATURE: Darrell G Washington 1/6/98 407/938-6602

CR2E037 (10/97)