

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90036 003 ****61.25

DOCUMENT # 764243

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/21/1982

4. FEI Number

59-1698867

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

Willie D. Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WILCOX, BYRON C
STREET ADDRESS 1703 2ND ST. NE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ DELETE

NAME OZELL, WILSON
STREET ADDRESS P.O. BOX 442 (N/A)
CITY-ST-ZIP LAKE WALES, FL

TITLE D ☐ DELETE

NAME BARNES, STANLEY
STREET ADDRESS P.O. BOX 2323 (N/A)
CITY-ST-ZIP LAKE WALES FL 33859-2323

TITLE D ☐ DELETE

NAME WASHINGTON, DARRELL G
STREET ADDRESS 529 LINCOLN AVE.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE

NAME WELDON LAWSON
STREET ADDRESS 605 3RD ST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE D ☐ DELETE

NAME MOSES, THOMAS
STREET ADDRESS 1746 TERRY CIR NE
CITY-ST-ZIP WINTER HAVEN FL 33881

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Darrell G. Washington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-676-4358

CR2E037 (11/98)

0058074