

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 764243

**FILED**  
**Feb 04, 2004**  
**Secretary of State****Entity Name:** CARILLON LODGE #880 I B P O E OF W OF LAKE WALES, FLORIDA, INCORPORATED**Current Principal Place of Business:**WALES, FLORIDA, INCORPORATED  
47 B, STREET  
LAKE WALES, FL 33853**New Principal Place of Business:****Current Mailing Address:**WALES, FLORIDA, INCORPORATED  
47 B, STREET  
LAKE WALES, FL 33853**New Mailing Address:****FEI Number:** 59-1698867**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**STINSON, CHARLES E  
217 DORSETT AV  
LAKE WALES, FL 33853 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:** D ( ) Delete  
**Name:** WILCOX, BYRON C  
**Address:** 1703 2ND ST. NE  
**City-St-Zip:** WINTER HAVEN, FL 33881**Title:** D ( ) Delete  
**Name:** OZELL, WILSON  
**Address:** P.O. BOX 442 (N/A)  
**City-St-Zip:** LAKE WALES, FL,**Title:** D ( ) Delete  
**Name:** BARNES, STANLEY  
**Address:** P.O. BOX 2323 (N/A)  
**City-St-Zip:** LAKE WALES, FL 338592323**Title:** D ( ) Delete  
**Name:** WASHINGTON, DARRELL G  
**Address:** 529 LINCOLN AVE.  
**City-St-Zip:** LAKE WALES, FL 33853**Title:** D ( ) Delete  
**Name:** WELDON LAWSON,  
**Address:** 605 3RD ST  
**City-St-Zip:** LAKE WALES, FL 33853**Title:** D ( ) Delete  
**Name:** MOSES, THOMAS  
**Address:** 1746 TERRY CIR NE  
**City-St-Zip:** WINTER HAVEN, FL 33881**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** WASHINGTON, JR, DARRELL G  
**Address:** 526 JACKSON AV  
**City-St-Zip:** LAKE WALES, FL 33853**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARRELL G. WASHINGTON

ER

02/04/2004

Electronic Signature of Signing Officer or Director

Date