

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807580 (6)

1. Corporation Name

SUPREME COUNCIL OF THE HOUSE OF JACOB OF THE UNITED STATES OF AMERICA

Principal Place of Business

Mailing Address

P. O. BOX 300
COSHOCTON OH 43812

P. O. BOX 300
COSHOCTON OH 43812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1948

3a. Date of Last Report

04/05/1994

4. FEI Number

31-6401813

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

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

TYSON, GLEN SR.
5504 86TH ST.
TAMPA FL 33619

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST
NAME	FONTAINE, A R
STREET ADDRESS	ROUTE 1
CITY - ST - ZIP	COSHOCTON OH
TITLE	ACD
NAME	PEARSON, BISHOP J
STREET ADDRESS	PO BOX 300 N/A
CITY - ST - ZIP	COSHOCTON OH 43812
TITLE	PD
NAME	COLLINS, J D
STREET ADDRESS	ROUTE 1
CITY - ST - ZIP	COSHOCTON OH
TITLE	D
NAME	HARRIS, W B
STREET ADDRESS	1601 ROOSEVELT AVE
CITY - ST - ZIP	LANDOVER MD
TITLE	SD
NAME	GRIMES, CAROLYN L
STREET ADDRESS	ROUTE 1
CITY - ST - ZIP	COSHOCTON OH
TITLE	D
NAME	COLLINS, BERTILLA
STREET ADDRESS	ROUTE 1
CITY - ST - ZIP	COSHOCTON OH

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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mathers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Supreme Board of Trustees
4/27/95 8:24:37
DATE