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 # 807580 (6)

1. Corporation Name

SUPREME COUNCIL OF THE HOUSE OF JACOB OF THE UNI TED STATES OF AMERICA

Principal Place of Business	Mailing Address
P. O. BOX 300 COSHOCTON OH 43812	P. O. BOX 300 COSHOCTON OH 43812

3. Date Incorporated or Qualified: 03/25/1948
3a. Date of Last Report: 05/01/1995

4. FEI Number: 31-6401813 ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 PO Box 310	Suite, Apt. #, etc. 27 P.O. Box 310
City & State 23 Coshocton	City & State 28 Coshocton
Zip 24 OH Country 25 43812	Zip 29 OH Country 30 43812

9. **Name and Address of Current Registered Agent**

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

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 _____ _____
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	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FONTAINE, A R		1.2 NAME		
STREET ADDRESS	ROUTE 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	COSHOCTON OH		1.4 CITY-ST-ZIP		
TITLE	ACD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEARSON, BISHOP J		2.2 NAME		
STREET ADDRESS	PO BOX 300 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	COSHOCTON OH 43812		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, J D		3.2 NAME		
STREET ADDRESS	ROUTE 1		3.3 STREET ADDRESS		
CITY-ST-ZIP	COSHOCTON OH		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, W B		4.2 NAME		
STREET ADDRESS	1601 ROOSEVELT AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LANDOVER MD		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, CAROLYN L		5.2 NAME		
STREET ADDRESS	ROUTE 1		5.3 STREET ADDRESS		
CITY-ST-ZIP	COSHOCTON OH		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, BERTILLA		6.2 NAME		
STREET ADDRESS	ROUTE 1		6.3 STREET ADDRESS		
CITY-ST-ZIP	COSHOCTON OH		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Carolyn L Grimes 1/28/96 (614) 824-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #