

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003103

FILED  
Aug 29, 2008  
Secretary of State

Entity Name: KINGS LODGE #48 INC.

## Current Principal Place of Business:

702 N 7TH STREET  
HAINES CITY, FL 33844

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 958  
HAINES CITY, FL 33844

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ADAMS, JOHNNIE L  
702 N 7TH STREET  
HAINES CITY, FL 33844 US

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: P ( ) Delete  
Name: ADAMS, JOHNNIE L  
Address: 333 S 14TH STREET  
City-St-Zip: HAINES CITY, FL 33844

Title: V ( ) Delete  
Name: COMER, TERRENCE  
Address: 1613 HIGH POINT CT SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: T ( ) Delete  
Name: DUBOSE, REGINALD  
Address: 213 BETTY AVE  
City-St-Zip: DUNDEE, FL 33838

Title: S ( ) Delete  
Name: JACKSON, SYLVESTER  
Address: 2111 BAKER AVE  
City-St-Zip: HAINES CITY, FL 33844

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: GISSENDANER, JEFFERY A  
Address: 1702 BROXEY COURT  
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LOMAX, KARNELL  
Address: 191 REBECCA DRIVE, NE  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHNNIE L. ADAMS

P

08/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date