


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90044 049 ****61.25

DOCUMENT # N14052 1. Entity Name THE GRAND FEMALE PROTECTIVE SOCIETY, LODGE NO.10 INC.					
Principal Place of Business 12610 NW 39TH AVE. GAINESVILLE, FL 32606			Mailing Address 12610 NW 39TH AVE. GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2351131	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUTLEDGE, ROSA L. 12610 NW 39TH AVE. GAINESVILLE, FL 32606				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROMWELL, NORMA JEAN RT. 2, BOX 80 ALACHUA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norma S. Cromwell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7618 NW St Rd 235- ALACHUA FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, ESSIE MAE 707 SW 143RD ST NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASHINGTON, ALTAMESE 1256 S.W. 12TH AVE. GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Washington, Altamese <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1256 S.E. 12th Ave Gainesville, FL 32641		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERTAIN, BEATRICEA RTE 1, BOX 6 ALACHUA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Certain, Beatricea <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14105 NW 167 Pl. Alachua FL 32615		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUTLEDGE, ROSA L. RT.2, BOX 280 ARCHER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rutledge, Rosa L. 7103 SW 170th St Archer, FL 32618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, ELIZABETH 908 S.W. 18TH TERR. GAINESVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Turner, Elizabeth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 SE 49th Ave Gainesville, FL 32641		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Rosa L. Rutledge Rosa L. Rutledge 4-12-07 352 495-2776 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					