

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14052

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE GRAND FEMALE PROTECTIVE SOCIETY, LODGE NO.10 INC.

Current Principal Place of Business:

12610 NW 39TH AVE.
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

12610 NW 39TH AVE.
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-2351131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTLEDGE, ROSA L.
12610 NW 39TH AVE.
GAINESVILLE, FL 32606 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: SD () Delete
Name: CROMWELL, NORMA JEAN,
Address: 7618 NW ST RD 235
City-St-Zip: ALACHUA, FL

Title: S () Delete
Name: HUNT, ESSIE MAE
Address: 707 SW 143RD ST
City-St-Zip: NEWBERRY, FL 32669

Title: T () Delete
Name: WASHINGTON, ALTAMESE,
Address: 1256 S.E. 12TH AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: PD () Delete
Name: CERTAIN, BEATRICEA,
Address: 14105 NW 167 PL.
City-St-Zip: ALACHUA, FL 32615

Title: VD () Delete
Name: RUTLEDGE, ROSA L
Address: 7103 SW 170 ST.
City-St-Zip: ARCHER, FL 32618

Title: S () Delete
Name: TURNER, ELIZABETH,
Address: 29 S.E. 49TH DRIVE
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

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: BEATRICE CERTAIN

C

01/07/2009

Electronic Signature of Signing Officer or Director

Date