FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20466 1. Corporation Name

ZEPHYRHILLS GRANGE, NO. 194 INC.

FILED Apr 01, 1999 8:00 am § Secretary of State

04-01-1999 90016 040 ****61.25

278568 - 90010 .-

Principal Place	cipal Place of Business Mailing Address						
AMERICAN LEGION HALL 44832 SEDENO DRIVE) 10011/04 200 2101 CO() 01010 27110 2911 210	}	i
8TH STREET	CI COST	ZEPHYRHILLS FL 33541					
ZEPHYRHILLS US	FL 33540	US			I (
55							
Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed	.	
21 INN 17E	D METHODIST C'HURCH	26			05/04/1987		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Apı	plied For
22 5 TH AVE.		27			23-7215492	No	t Applicable
City & State		City & State		5. Certifcate of Status Desired	\$8.75 A	dditional	
23 ZEPHYRHIUS, FRORIDA		28		5. Certificate of Status Desired	Fee Re	quired	
Zip Country U.S		Zip Country		6. Election Campaign Financing	\$5.00	May Be	
24 335	70 25 29 29 30		o]		Trust Fund Contribution	Added t	o Fees
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Register	ed Agent	
				81 Name	•		1
HAYES, B FRANKLIN				32 Stree	t Address (P.O. Box Number is Not Acceptable)		
4832 SEDENO DRIVE				_			
ZEPHYRHILLS FL 33541				B3			
211111111	ILEO 1 C 00041		ļ,	DA City		85 Zip C	ode
1]	B4 City	F	FL 63 24 C)
11 Durquest to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the above-named comporation 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.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Saur Britaine	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	□ DELETE	1.1 TITL	Ε		Change	Addition
NAME			1.2 NAW				l
			•	EET ADORES			1
STREET ADDRESS	ZEPHYRHILLS FL 33541			(-\$T-ZIP			•
TITLE	S DELETE		2.1 TITL			☐ Change	☐ Addition
1	_	 ,	2.2 NAM				
NAME	HAYES, B FRANKLIN		2.3 STREET ADDRESS				·
STREET ADDRESS	4832 SEDENO DRIVE		_				[
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		3.1 TITL	Y-ST-ZIP		☐ Change	Addition
TITLE	D	€ DCFF1E	1				}
NAME	LISTER, PAUL		3,2 NAA				1
STREET ADDRESS	7153 L - MATADOR			EET ADDRES			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	THOSE STE		Y-ST-ZIP	16420	☐ Change	Addition
TILE	D	DELETE	4.1 1111.	_	LISTER, HILDA 7153L-MATADOR ZEPHYRHILIS, FL 33541	T Ollanda	PC. Tallon
NAME	PARKS, GORDON	•	4, 2 NA		7153 L - MAI HOUR		
STREET ADDRESS	SOFT GRADOLD COLL			EET ADORES	2 FOLLORHILLS FL 33541		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			<u>/-ST-ZIP</u>	20189011-91	- Change	Addition
TITLE	D	☐ DELETE	5.1 TITL			L. Change	Addition
NAME	HILL, GILBERT		5.2 NAA				
STREET ADDRESS	6001 RIDGEWOOD DRIVE			EET ADDRES	5		
CITY-ST-ZIP	ZEPHYRHILLS FL 33541			/-ST-ZIP			- A J J W
TITLE		☐ DELETE	6.1 TTTL			Change	☐ Addition
NAME			6.2 NAA			-	-
STREET ADDRESS			6.3 STR	REET ADDRES	S		
CITY-ST-ZIP	- -		6.4 CIT	r-ST-ZIP_		<u></u> _	

Crry-St-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: