## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N23542 08 OCT 17 PM 1: 17 SUNSHINE CITY LODGE #255 OF THE I.B.P.O.E. OF W., INC. SECRETAL OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1331 TANGERINE AVENUE SOUTH 1331 TANGERINE AVENUE SOUTH ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Aqt. #. etc. Suite, Apt. #, etc. 09112008 Chg-NP CR2E037 (12/06) City & State City & State FEI Number NOT APPLICABLE Applied For Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WIMBLEY, WILLIAM 721 42 AVE-80 Number is Not Acceptable) ST. PETERSBURG, FL-33705 33711 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 A Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee Is \$61.25 Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE IIILE Detete CONEY, WILLIAM NAME NAME: 2220 18 H ST SO STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 33712 CITY-ST-ZIP CITY-ST-7/P ☐ Change TITLE TITLE Addition Delete JONNSON, MANUSFIELD NAME 1035 ARCING TON AVE SO. STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP Trustee Oeleta TITLE Change ☐ Addition KITCHEN, ELIJAH NAME STREET ADDRESS 1331 TANGERINE AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL CITY-ST-ZIP TWITER ☐ Delete TITLE ☐ Change WIMBLEY, WILLIAM 200137019492 10/17/08--01044--007 \*\*\*8. NAME NAME STREET ADDRESS 721 42 AVE SO. STREET ADDRESS \*\*8,75 ST. PETERSBURG, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Ctange MLE ☐ Addition TITLE NÀME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TMF ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY 6 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exe to in a so orida 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 it 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 light empowered. of the corporation or the rece changed, or on an attachme Fredrick D Randle 9-24-08