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# FILED
# May 22 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** N43564

1. Corporation Name
FRATERNAL ORDER OF ALICE LODGE #69, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1492 21ST STREET<br>VERO BEACH, FL<br>32960 | P.O. BOX 1588<br>VERO BEACH, FL<br>32961-1588 |

3. Date Incorporated or Qualified: 05-20-91
3a. Date of Last Report: 10-03-96

2. Principal Place of Business
21 2310 6TH STREET
Suite, Apt. #, etc. 22
City & State 23 VERO BEACH, FL
Zip 24 32962 Country 25 U.S.A.

2a. Mailing Address
26 P.O. BOX 1588
Suite, Apt. #, etc. 27
City & State 28 VERO BEACH, FL
Zip 29 32961-1588 Country 30 USA

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

**9. Name and Address of Current Registered Agent**

BYRON D. SICKMAN
2905 1ST LANE
VERO BEACH, FL 32968

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DIRECTOR/PRESIDENT | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | C. PHILIP CRAIG | | 12 NAME | | |
| STREET ADDRESS | 3336 2ND PLACE | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | VERO BEACH, FL 32968 | | 14 CITY-ST-ZIP | | |
| TITLE | DIRECTOR/VICE PRESIDENT | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BYRON D. SICKMAN | | 22 NAME | | |
| STREET ADDRESS | 2905 1ST LANE | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | VERO BEACH, FL 32968 | | 24 CITY-ST-ZIP | | |
| TITLE | SECRETARY/DIRECTOR | ☐ DELETE | 31 TITLE | TREASURER/DIRECTOR | ☑ Change ☐ Addition |
| NAME | SUSIE ERHARDT | | 32 NAME | SUSIE ERHARDT | |
| STREET ADDRESS | 2310 6TH ST | | 33 STREET ADDRESS | 2310 6TH ST | |
| CITY-ST-ZIP | VERO BEACH, FL 32962 | | 34 CITY-ST-ZIP | VERO BEACH, FL 32962 | |
| TITLE | TREASURER | ☐ DELETE | 41 TITLE | SECRETARY/DIRECTOR | ☑ Change ☐ Addition |
| NAME | BILL REICHERT | | 42 NAME | BILL REICHERT | |
| STREET ADDRESS | 783 24TH SQUARE | | 43 STREET ADDRESS | 783 24TH SQUARE | |
| CITY-ST-ZIP | VERO BEACH, FL 32962 | | 44 CITY-ST-ZIP | VERO BEACH, FL 32962 | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☑ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | 000002202310 | |
| STREET ADDRESS | | | 63 STREET ADDRESS | -06/05/97--01004--012 | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | ***70.00 | |

05/22/97

CR2E037 (9/96)

14. I do 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.

**SIGNATURE:** Bill Reichert BILL REICHERT/SECTY 05-14-97 (561)770-5160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #