

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 20 11 54 L2

DOCUMENT # N93000003040 (3)

1. Corporation Name

THOMAS RAINES LODGE #484, INC.

Principal Place of Business

1121 NW 5 ST  
FT LAUDERDALE FL

Mailing Address

C/O MR. CHARLIE KING  
3181 NW 14TH ST.  
FT. LAUDERDALE FL 33311-4509  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1993

3a. Date of Last Report

07/12/1994

4. FEI Number

APPLIED FOR 65-0580688

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

FILING FEE IS  
\$61.25

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SMITH, EULA B  
3431 NW 4TH ST.  
FT. LAUDERDALE FL 33311

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD  
NAME KING, CHARLES  
STREET ADDRESS 3181 NW 14 ST  
CITY - ST - ZIP FT LAUDERDALE FL 33311

TITLE SD  
NAME SMITH, EULA B  
STREET ADDRESS 3431 NW 4 ST  
CITY - ST - ZIP FT LAUDERDALE FL 33311

TITLE AS  
NAME SOLOMON, OTIS L  
STREET ADDRESS 2970 NW 19TH ST., #203  
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE T  
NAME CLAY, JOSEPH  
STREET ADDRESS 1704 NW 15TH PL.  
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE S  
NAME THORNTON, MARJESTER  
STREET ADDRESS 1600 NW 24 TERR.  
CITY - ST - ZIP FT. LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Charlie King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 16, 1995 - 735-4780

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