

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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 33311-4909  
US**

3. Date Incorporated or Qualified  
**07/08/1993**

3a. Date of Last Report  
**06/20/1995**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0580688**

Applied For  
Not Applicable

**22**  
City & State

**27**  
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**23**  
Zip

**25**  
Country

**29**  
Zip

**30**  
Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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 617.0508, Florida Statutes.

SIGNATURE *Eula B. Smith*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-4-96**

12. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PVD                    | <input type="checkbox"/> DELETE |
| NAME           | KING, CHARLES          |                                 |
| STREET ADDRESS | 3181 NW 14 ST          |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33311 |                                 |
| TITLE          | SD                     | <input type="checkbox"/> DELETE |
| NAME           | SMITH, EULA B          |                                 |
| STREET ADDRESS | 3431 NW 4 ST           |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL 33311 |                                 |
| TITLE          | AS                     | <input type="checkbox"/> DELETE |
| NAME           | SOLOMON, OTIS L        |                                 |
| STREET ADDRESS | 2970 NW 19TH ST., #203 |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |                                 |
| TITLE          | T                      | <input type="checkbox"/> DELETE |
| NAME           | CLAY, JOSEPH           |                                 |
| STREET ADDRESS | 1704 NW 15TH PL.       |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |                                 |
| TITLE          | S                      | <input type="checkbox"/> DELETE |
| NAME           | THORNTON, MARJESTER    |                                 |
| STREET ADDRESS | 1800 NW 24 TERR.       |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL      |                                 |
| TITLE          |                        | <input type="checkbox"/> DELETE |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

13.

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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 if changed, or on an attachment with an address.

SIGNATURE: *Eula B. Smith* *Eula B. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-96**  
Date

**587-2745**  
Daytime Phone #

CR2E037 (12/95)