

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 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 # **N93000003040 (3)**
1. Corporation Name

THOMAS RAINES LODGE #484, INC.



Principal Place of Business

Mailing Address

1121 NW 5 ST
FT LAUDERDALE FL

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
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3431 N.W. 33 AVE**

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

23 Zip

Country

28 **Ft. Lauderdale, FL**

29 **33311**

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------------|--|
| TITLE | PVD | <input checked="" type="checkbox"/> DELETE |
| NAME | KING, CHARLES | |
| STREET ADDRESS | 3181 NW 14 ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33311 | |

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | PVD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | EULA B. Smith | |
| 1.3 STREET ADDRESS | 3431 N.W. 4 STREET | |
| 1.4 CITY-ST-ZIP | FT. LAUD., FL 33311 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, EULA B | |
| STREET ADDRESS | 3431 NW 4 ST | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33311 | |

| | | |
|--------------------|----------------------------|---|
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | CLARENCE WARE | |
| 2.3 STREET ADDRESS | 1531 N.W. 33 AVE | |
| 2.4 CITY-ST-ZIP | FT. LAUD., 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 | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CLAY, JOSEPH | |
| STREET ADDRESS | 1704 NW 15TH PL. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | THORNTON, MARJESTER | |
| STREET ADDRESS | 1800 NW 24 TERR. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|----------------------------|---|
| 6.1 TITLE | P.M. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | CHARLIE KING | |
| 6.3 STREET ADDRESS | 3181 N.W. 14 ST | |
| 6.4 CITY-ST-ZIP | FT. LAUD., FL 33311 | |

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

[Signature]

6/19/97

1-800-945-0788

CR2E037 (9/96)