

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005640

FILED
Apr 22, 2009
Secretary of State

Entity Name: SCARLET LODGE #75 IOOF, INC.

Current Principal Place of Business:

9TH STREET & FLORIDA
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

831 FLORIDA AVE
LYNN HAVEN, FL 32444 US

Current Mailing Address:

PO BOX 460
LYNN HAVEN, FL 32444 US

New Mailing Address:

831 FLORIDA AVE
LYNN HAVEN, FL 32444 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, SANDY
4231 HIGHWAY 389
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

ANDREWS, JAMES
1718 E. 24TH ST.
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: JAMES ANDREWS

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ANDREWS, SANDY
Address: 4231 HWY 389
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD () Delete
Name: GREER, ERNEST
Address: 6334 GRASSY POINT RD
City-St-Zip: SOUTHPORT, FL 324091522

Title: D () Delete
Name: ANDREWS, JAMES
Address: 1718 E. 24TH ST.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: IVEY, CHRIS
Address: 6200 SUR BASS RD
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D (X) Delete
Name: SCHULTZ, BOB
Address: 509 PENNSYLVANIA AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ANDREWS, JAMES
Address: 1718 E. 24TH ST.
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD (X) Change () Addition
Name: SCHULTZ, BOB
Address: 509 PENNSYLVANIA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change () Addition
Name: MCDONALD, DAVID
Address: 3980 HWY. 71 S.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D (X) Change () Addition
Name: MCNIEL, JUANITA
Address: 1615 BILLINGS AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ANDREWS

SD

04/22/2009

Electronic Signature of Signing Officer or Director

Date