**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Feb 03 1997 8:00am
Secretary of State

DOCUMENT # N94000003867 (8)

1. Corporation Name

THE GRAND LODGE OF FLORIDA KNIGHTS OF PYTHIAS, J ULIUS A. LOPATA,SCHOLARSHIP FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| RICHARD BLOCK | 2171 NW 93rd Lane |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified: 08/05/1994 | 3a. Date of Last Report: 05/01/1996 |
| 21 2171 NW 93rd Lane | 26 | 4. FEI Number: 65-0537275 | Applied For / Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 22 Sunrise FL. | 27 Sunrise, FL. | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State | City & State | | |
| 23 33322 Broward | 28 33322 Broward | | |
| Zip / Country | Zip / Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | |
| 24 / 25 | 29 / 30 | | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| WASSERMAN, RICHARD W ESQ<br>420 LINCOLN ROAD<br>MIAMI BEACH FL 33139 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 | PD ☒ DELETE | 1.1 TITLE | PD ☒ Change ☐ Addition |
| NAME | BLOCK, GEORGE | 1.2 NAME | RICHARD BLOCK |
| STREET ADDRESS | 100 SW 128TH AVE APT. F-101 | 1.3 STREET ADDRESS | 2171 NW 93rd Lane |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | 1.4 CITY-ST-ZIP | Sunrise, FL. 33322 |
| TITLE | VPD ☒ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BLOCK, RICHARD | 2.2 NAME | |
| STREET ADDRESS | 2171 NW 93RD LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUNRISE FL 33322 | 2.4 CITY-ST-ZIP | |
| TITLE | VP ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | LADNER, MARVIN | 3.2 NAME | |
| STREET ADDRESS | 1100 SOUTHWEST 130TH AVE. H-109 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | 3.4 CITY-ST-ZIP | |
| TITLE | SD ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | GLASS, GARY A | 4.2 NAME | |
| STREET ADDRESS | 19914 LATONA PLACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | 4.4 CITY-ST-ZIP | |
| TITLE | D ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | VICKNESS, STEPHEN | 5.2 NAME | |
| STREET ADDRESS | 1831 SW 51ST TERRACCE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33317 | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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:** SIGNATURE REQUIRED RICHARD BLOCK Richard Block 1/2/9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024045