

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002767

FILED
Feb 03, 2005
Secretary of State

Entity Name: I.O.O.F. GRAND LADIES ENCAMPMENT AUXILIARIES OF FLORIDA INC.

Current Principal Place of Business:

2815 N SECOND STREET
N FT MYERS, FL 33917

New Principal Place of Business:

2001 PINE ST.
ST.CLOUD, FL 34769

Current Mailing Address:

PO BOX 4615
N FT MYERS, FL 33918

New Mailing Address:

2001 PINE ST.
ST CLOUD, FL 34769

FEI Number: 59-2409064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKER, EDA E
2815 N SECOND STREET
N FT MYERS, FL 33917 US

Name and Address of New Registered Agent:

SKIDGELL, MONA M
2001 PINE ST.
ST. CLOUD, FL 34769 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: MONA M. SKIDGELL

02/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: GS () Delete
Name: BAKER, EDA E
Address: PO BOX 4615
City-St-Zip: N FT MYERS, FL 33918

Title: GT () Delete
Name: DUPREE, SHIRLEY C
Address: 1012 OHIO AVE
City-St-Zip: FT PIERCE, FL 349508117

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: GS (X) Change () Addition
Name: JACOBS, SHERRY
Address: 1122 NEW YORK AVE.
City-St-Zip: ST. CLOUD, FL 34769

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

Title: G.M. () Change (X) Addition
Name: SKIDGELL, MONA M
Address: 2001 PINE ST.
City-St-Zip: ST. CLOUD, FL 347695033

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONA M. SKIDGELL

G.M.

02/03/2005

Electronic Signature of Signing Officer or Director

Date