

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90030 012 \*\*\*\*70.00

**DOCUMENT # N98000002767**

1. Entity Name

I.O.O.F. GRAND LADIES ENCAMPMENT AUXILIARIES  
OF FLORIDA INC.



Principal Place of Business

2001 PINE ST.  
ST.CLOUD FL 34769

Mailing Address

2001 PINE ST.  
ST CLOUD FL 34769



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2409064

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE GS ☒ Delete  
NAME JACOBS, SHERRY  
STREET ADDRESS 1122 NEW YORK AVE.  
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE GT ☐ Delete  
NAME DUPREE, SHIRLEY C  
STREET ADDRESS 1012 OHIO AVE  
CITY-ST-ZIP FT PIERCE FL 34950-8117

TITLE G.M. ☒ Delete  
NAME SKIDGELL, MONA M  
STREET ADDRESS 2001 PINE ST.  
CITY-ST-ZIP ST. CLOUD FL 34769-5033

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE G.M. ☒ Change ☐ Addition  
NAME Adams, SARAH L.  
STREET ADDRESS 23 HENRY DR. S.W.  
CITY-ST-ZIP WINTER HAVEN, FL 33880-5405

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE G.S. ☒ Change ☐ Addition  
NAME Grand Scribe  
STREET ADDRESS SKIDGELL, MONA M.  
CITY-ST-ZIP 2001 PINE ST.  
ST. CLOUD, FL 34769-5033

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MONA M SKIDGELL*  
*MONA M. Skidgell*

*Feb. 7, 2006* 407-891-0773