2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N98000002767

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

Current Principal Place of Business:

2001 PINE ST.
ST.CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

2001 PINE ST.
ST.CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-2409064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: GM ( ) Delete
Name: WAITE, MYRNA
Address: 3539 FOX RIDGE BLVD
City-St-Zip: ZEPHYRHILLS, FL 33541

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

Title: GS ( ) Delete
Name: SKIDGELL, MONA M
Address: 2001 PINE ST
City-St-Zip: ST. CLOUD, FL 347695033

Title: GSW ( ) Delete
Name: SKIDGELL-KENNISTON, DAWN E
Address: 2014 PINE ST
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: GM (X) Change ( ) Addition
Name: SKIDGELL-KENNISTON, DAWN E
Address: 2014 PINE ST
City-St-Zip: ST CLOUD, FL 34769

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

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

Title: GSW (X) Change ( ) Addition
Name: GRIFFIS, GENEVA A
Address: 8136 EBSON DRIVE
City-St-Zip: N. FT MYERS, FL 33917

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: MONA M. SKIDGELL G S. 02/03/2009

Electronic Signature of Signing Officer or Director — Date