

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90019 047 ****61.25

DOCUMENT # N98000004049

1. Entity Name

PYTHIAN LODGE HOLDING CORPORATION



Principal Place of Business

**732 DOUGLAS AVE
DUNEDIN FL 34698**

Mailing Address

**119 9TH STREET
BELLEAIR BEACH FL 33786**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**MILLER, ARTHUR C
119 9TH STREET
BELLEAIR BEACH FL 33786**

7. Name and Address of New Registered Agent

Name **HARVEY A. LEVINSKY**
Street Address (P.O. Box Number is Not Acceptable)
2346 DRUID RD # 263
City **CLEARWATER** FL Zip Code **33764**

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, 2005**

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	D	<input type="checkbox"/> Delete
NAME	SIMMONS, TIM	
STREET ADDRESS	1443 DARTMOUTH DRIVE	
CITY- ST- ZIP	CLEARWATER FL 34616	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, ARTHUR C	
STREET ADDRESS	119 9TH STREET	
CITY- ST- ZIP	BELLEAIR BEACH FL 33786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PELS, SIMONE	
STREET ADDRESS	8784 WILDWOOD LANE	
CITY- ST- ZIP	LARGO FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Tim Simmons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7263 TOTEM AVE	
STREET ADDRESS	NORTHPORT FL 34268	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINSKY, HARVEY	
STREET ADDRESS	2346 DRUID RD # 263	
CITY- ST- ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G-27-05

Date

727-723-2250

Daytime Phone #