

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 826222 (2)
1. Corporation Name
THE INDEPENDENT ORDER OF FORESTERS

Principal Place of Business: 789 DON MILLS ROAD, DON MILLS, ONTARIO, CANADA M3C 1-9, US
Mailing Address: 789 DON MILLS ROAD, DON MILLS, ONTARIO, CANADA M3C 1-9, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1971
3a. Date of Last Report: 04/18/1994

4. FEI Number: 98-0000680
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 190.022, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (24-26)

21. Suite, Apt. #, etc.
22. City & State
23. Zip

24. City & State
25. Country
26. Zip

9. Name and Address of Current Registered Agent
JANAS, GEORGE
GATEWAY CENTER, 1000 LEGION PLACE #1510
ORLANDO FL 32801

10. Name and Address of Now Registered Agent (81-85)

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and filer (applicant) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ET	NAME: ABRA, WILLIAM JOHN	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 789 DON MILLS ROAD	CITY, ST, ZIP: DON MILLS, ONTARIO	12 NAME:	
TITLE: S	NAME: HEATLEY, J. R. L.	13 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 284 BLOOR ST., W., APT. 1102	CITY, ST, ZIP: TORONTO ON	14 CITY, ST, ZIP:	
TITLE: P	NAME: WEDDLE, JAMES A.	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7211 LA SOLDADERA	CITY, ST, ZIP: RANCHO SANTA FE CA	22 NAME:	
TITLE: EVPO	NAME: DALY, PETER	23 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12 MARISA CT.	CITY, ST, ZIP: WILLOWDALE ON	24 CITY, ST, ZIP:	
TITLE: D	NAME: PETERSON, KENNETH C	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 749 RIDGE ROAD	CITY, ST, ZIP: LITTLETON CO	32 NAME:	
TITLE: D	NAME: LINDSAY, HUGH F	33 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 106-16031 - 82ND AVE.	CITY, ST, ZIP: SURREY BR	34 CITY, ST, ZIP:	
		41 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME:	Executive Vice President
		43 STREET ADDRESS:	Register, Michael
		44 CITY, ST, ZIP:	789 Don Mills Road
		51 TITLE:	Don Mills, Ontario M3C 1T9 <input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME:	
		53 STREET ADDRESS:	
		54 CITY, ST, ZIP:	
		61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME:	
		63 STREET ADDRESS:	
		64 CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *W. John Abra* W. JOHN ABRA 12/4/1995 (416)429-3123 Ext. 4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)