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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 826222 (2)
1. Corporation Name
THE INDEPENDENT ORDER OF FORESTERS



Principal Place of Business 789 DON MILLS ROAD DON MILLS, ONTARIO CANADA M3C 1T9	Mailing Address 789 DON MILLS ROAD DON MILLS, ONTARIO CANADA M3C 1T9
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3. Date Incorporated or Qualified 05/26/1971	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip M3C 1T9	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip M3C 1T9	29 Country CANADA	30 Country CANADA
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4. FEI Number 98-0000680	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

10. Name and Address of New Registered Agent
81 Name
Remi Zecman
82 Street Address (P.O. Box Number is Not Acceptable)
222 South Westmonte Drive
83 Suite 105
84 City
Altamonte Springs
85 Zip Code
FL 32714-4268

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Remi Zecman* Agent DATE **18-JUNE-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ET <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRA, WILLIAM JOHN	1.2 NAME	
STREET ADDRESS	789 DON MILLS ROAD	1.3 STREET ADDRESS	196 Belsize Drive
CITY-ST-ZIP	DON MILLS, ONTARIO	1.4 CITY-ST-ZIP	Toronto, Ontario M4S 1M2
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATLEY, J. Rxx	2.2 NAME	
STREET ADDRESS	284 BLOOR ST., W., APT. 1102	2.3 STREET ADDRESS	39 Balmoral Avenue
CITY-ST-ZIP	TORONTO ON	2.4 CITY-ST-ZIP	Toronto, Ontario M4V 1J5
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEDDLE, JAMES A.	3.2 NAME	COO, D
STREET ADDRESS	7211 LA SOLDADERA	3.3 STREET ADDRESS	William John Valiquette
CITY-ST-ZIP	RANCHO SANTA FE CA	3.4 CITY-ST-ZIP	181 Romfield Circuit
TITLE	EV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKES, PETER	4.2 NAME	
STREET ADDRESS	789 DON MILLS RD	4.3 STREET ADDRESS	43 Roslin Avenue
CITY-ST-ZIP	DON MILLS ON	4.4 CITY-ST-ZIP	Toronto, Ontario M4N 1Y8
TITLE	P, D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, KENNETH C	5.2 NAME	
STREET ADDRESS	749 RIDGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDSAY, HUGH F	6.2 NAME	OE
STREET ADDRESS	106-16031 - 82ND AVE.	6.3 STREET ADDRESS	Frank Smith
CITY-ST-ZIP	SURREY BC	6.4 CITY-ST-ZIP	RxxBox 453x 4540 Los Pinos

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

***Please see Schedule "A" attached.**

CR2E037 (9/96)

Schedule "A"
to
Florida Department of State
Non-Profit Corporation Annual Report - 1997

Directors as of May 14, 1997:

Lilly Maureen Morrison
4212-105 Avenue
Edmonton, Alberta
T6A 0Z9

Jack Wesley Shirer, Q.C.
56 Edenvale Crescent
Islington, Ontario
M9A 4A6

Helen Ruth Sullivan
339 South Silverbrooke Drive
Anaheim, California
92807 USA

Robert William McQueen, CA
23 Brightbay Crescent
Thornhill, Ontario
L3T 1C2

Geoffrey Brian Fyles
30 Repton Road
West Bridgford, Nottingham
N6G 7EJ
England

Charles Griffen Cale
1821 Wilshire Blvd.
Santa Monica, California
90403 USA

Peter Daly
55 Prince Arthur Avenue
Suite 1405
Toronto, Ontario
M5R 1B3