


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90013 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 826222

1. Corporation Name
THE INDEPENDENT ORDER OF FORESTERS

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/26/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 98-0000680
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MCDONALD, J S	
STREET ADDRESS	6295 SNOWFLAKE LANE	
CITY-ST-ZIP	MISSISSAUGA ON L5N6G	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, MICHAEL J	
STREET ADDRESS	2 AVONWICK GATE	
CITY-ST-ZIP	DON MILLS ON M3A2M	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VALIQUETTE, WILLIAM J	
STREET ADDRESS	181 ROMFIELD CIRCUIT	
CITY-ST-ZIP	THORNHILL ON L3T3H	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, WILLIAM B	
STREET ADDRESS	5 THORNWOOD CT	
CITY-ST-ZIP	MOLINE IL 61265	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, KENNETH C	
STREET ADDRESS	749 RIDGE ROAD	
CITY-ST-ZIP	LITTLETON CO 80120	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDSAY, HUGH F	
STREET ADDRESS	106-16031 - 82ND AVE.	
CITY-ST-ZIP	SURREY BC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME * Please see attached Schedule "A" *
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *William J Valiquette* August 1999 (416) 429-300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/99)

826222
606869-9003-5

Schedule "A"
to
Florida Department of State
Non-Profit Corporation Annual Report - 1999
Ref. #826222

12. Additional Directors

D
Leon Ellis
4775 NW 5th Avenue
Boca Raton, Florida
33431-4605

D
Ronald Earwaker
2 Clapper Orchard
Alfold, Surrey, ENGLAND
GU6 8HQ

D
Patrick Kenny
33 Fulton Place
West Hertford, CT
06119

D
Robert McQueen
23 Brightbay Crescent
Thornhill, ON
L3T 1C2

D
W. Ross Walker
37 Castle Frank Crescent
Toronto, Ontario
M4W 3A2

D
L. Maureen Morrison
4212-105 Avenue
Edmonton, AB
T6A 0Z9

D
Christopher Wansbrough
132 Warren Road
Toronto, Ontario
M4V 2S1

D
Helen R. Sullivan
339 South Silverbrook Drive
Anaheim, CA
92807

D
Charles G. Cale
1871 Wilshire Boulevard, Suite 212
Santa Monica, CA
90404

D
Barbara J. McDougall
1 Clarendon Avenue, Suite 401
Toronto, ON
M4V 1H8

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