

FILE NOW: FILING FEE IS \$61.25

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 718511  
1. Corporation Name  
**THE ORDER OF THE HOLY STANDARD, INC.**

Principal Place of Business Mailing Address  
**8815 W. Cornell Place Lakewood, CO 80227** **P.O. Box 27439 Denver, CO 80227**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/14/1970</b>	3a. Date of Last Report <b>03/09/95</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>23-7075076</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	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  
**Larkin, Stanley C.  
8815 W. Cornell Place  
Lakewood, CO 80227**

10. Name and Address of New Registered Agent

81. Name <b>Douglas L. Grable</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1006 SAVAGE CT</b>
83. City <b>LONGWOOD</b>
84. State <b>FL</b>
85. Zip Code <b>32730</b>

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 agent 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 *[Signature]* **DOUGLAS L. GRABLE** DATE **May 1, 1997**

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

12. OFFICERS AND DIRECTORS

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	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD Larkin, Stanley C.</b>
1.3 STREET ADDRESS	<b>8815 W. Cornell Pl.</b>
1.4 CITY-ST-ZIP	<b>Lakewood, CO 80227</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hinson, Donald J.</b>
2.3 STREET ADDRESS	<b>4677 S. Adobe Way</b>
2.4 CITY-ST-ZIP	<b>Littleton, CO 80127</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Grable, Douglas L.</b>
3.3 STREET ADDRESS	<b>1006 SAVAGE CT</b>
3.4 CITY-ST-ZIP	<b>LONGWOOD, FL 32730</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>800002251298--4</b>
4.3 STREET ADDRESS	<b>-07/29/97--01109--001</b>
4.4 CITY-ST-ZIP	<b>*****297.50 *****297.50</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>REINSTATEMENT</b>
5.3 STREET ADDRESS	<b>46-97</b>
5.4 CITY-ST-ZIP	<b>7-23-97</b>
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.

SIGNATURE: *[Signature]* **Stanley C. Larkin** DATE: **5/1/97** TELEPHONE: **(303) 987-3505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

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Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	23-7075076	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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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 *Douglas L. Grable* **DOUGLAS L. GRABLE** DATE **May 1, 1997**

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SIGNATURE: *Stanley C. Larkin* **Stanley C. Larkin** DATE: **5/1/97** DAYTIME PHONE: **(303) 987-3505**

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