


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 718511 (9)**

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



Principal Place of Business <b>8815 W CORNELL PLACE LAKEWOOD CO 80227 US</b>	Mailing Address <b>P.O. BOX 27439 DENVER CO 80227 US</b>
---	---

3. Date Incorporated or Qualified <b>05/14/1970</b>	
4. FEI Number <b>23-7075076</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**GRABLE, DOUGLAS L  
1006 SAVAGE CT  
LONGWOOD FL 32730**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1000 Lake of The Woods Blvd., Unit B102**  
83  
84 City  
**Fern Park, FL** 85 Zip Code  
**32730**

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LARKIN, STANLEY S</b>	
STREET ADDRESS	<b>8815 W CORNELL PLACE</b>	
CITY-ST-ZIP	<b>LAKEWOOD CO 80227</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HINSON, DONALD J</b>	
STREET ADDRESS	<b>4877 S ADABE WAY</b>	
CITY-ST-ZIP	<b>LITTLETON CO 80127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRABLE, DOUGLAS L</b>	
STREET ADDRESS	<b>1006 SAVAGE CT</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32730</b>	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Larkin, Stanley C.</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4677 South Adobe Way</b>
2.4 CITY-ST-ZIP	<b>Littleton, CO 80727</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1000 Lake of The Woods Blvd., Unit B102</b>
3.4 CITY-ST-ZIP	<b>Fern Park, FL 32730</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

CP2E037 (10/97)