



# Idaho Corporation Annual Report Form

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**Return completed form within 30 days to:**

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

*For Office Use Only*

**-FILED-**

File #: 0005059954

Date Filed: 1/3/2023 10:05:00 AM

**Annual Report: No filing fee if received by the due date.**

Due no later than: 12/31/2022

**SOS Control Number:** 416909

**Filing Status:** Active-Good Standing

Foreign Nonprofit Corporation

**Date Formed:**

**Formation Locale:** OREGON

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

PRINCE HALL GRAND CHAPTER, O.E.S., STATE OF OREGON AND  
ITS JURISDICTION, INC.  
PO BOX 804  
MOUNTAIN HOME, ID 83647-0804

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

BARBARA J CALLIER  
870 N 13TH E  
MOUNTAIN HOME, ID 83647

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.*

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address	City, State, Zip
President	Donnie Keller	3233 NE 13th Ave.	Portland, OR 97212
V. Pres.	Geraldine Hammond	10620 NE Wyygant St Apt C	Portland, OR 97220
Secretary	Barbara J. Callier	P.O. Box 804	Mtn. Home, ID 83647
Treasurer	Gloria J. Little	3607 NE 135th Ave.	Portland, OR 97230

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

Name	Business Address	City, State, Zip
Gloria D. Brown	409 NE Rafael St. #306	Portland, OR 97212
Brenda Moon	9910 NE Gilsan St. #216	Portland, OR 97220
Carol A. Drayton	5318 NE 30th Ave.	Vancouver, WA 98663
France Odom	3233 NE 13th Ave.	Portland, OR 97212

(5) Signature: Barbara J. Callier

(6) Date: 12/29/2022

(7) Type/Print Name: Barbara J. Callier

(8) Title: Secretary

**Instructions:** Legibly complete the form above. Sign and date this form and return to the address provided above.

B0763-1582 01/03/2023 10:05 AM Received by Office of the Idaho Secretary of State