Office Use Only:	REPORT OF	Chapter No
SEC: WM:	Located at	County of
Seal: PCT: IHF:	FOR THE CALENDAR YEA	R ENDING DECEMBER 31, <u>2020</u>

# THE GRAND CHAPTER OF FLORIDA, ORDER OF THE EASTERN STAR, INC.

## INSTRUCTIONS - PLEASE TYPE REPORT IF POSSIBLE (OR PRINT USING A BLACK PEN)

Make report in duplicate, retaining one copy for Chapter records and forwarding one copy to the Grand Secretary no later than <u>January 15, 2021</u>. In List of Members, list only those who are members at the <u>close</u> of the year. In Box #1 list names in full in alphabetical order, last name first. List ALL SISTERS first, state Mrs., Miss or Ms. Then, list ALL BROTHERS, state Mr. Where applicable indicate P.M. or P.P. after each Past Matron or Past Patron of a Florida subordinate chapter. Indicate "Dual" after the name of every Dual Member. Indicate "Plural" after the name of every Plural Member.

<u>Do not list</u> those who died, demitted, were suspended or expelled during the year 2020 in the List of Members. The number of names under List of Members (Box #1) must correspond with ▶ "Present Number of Members" on page 15 of the report.

#### LIST OF MEMBERS

Box #1 - pages 1-4

	Box #1 - pages 1-4		
NO.	NAME	NO.	NAME
1		19	
2		20	
3		21	
4		22	
5		23	
6		24	
7		25	
8		26	
9		27	
10		28	
11		29	
12		30	
13		31	
14		32	
15		33	
16		34	
17		35	
18		36	

# LIST OF MEMBERS

NO.	NAME	NO.	NAME
37		66	
38		67	
39		68	
40		69	
41		70	
42		71	
43		72	
44		73	
45		74	
46		75	
47		76	
48		77	
49		78	
50		79	
51		80	
52		81	
53		82	
54		83	
55		84	
56		85	
57		86	
58		87	
59		88	
60		89	
61		90	
62		91	
63		92	
64		93	
65		94	

# LIST OF MEMBERS

NO.	NAME	NO.	NAME
95		124	
96		125	
97		126	
98		127	
99		128	
100		129	
101		130	
102		131	
103		132	
104		133	
105		134	
106		135	
107		136	
108		137	
109		138	
110		139	
111		140	
112		141	
113		142	
114		143	
115		144	
116		145	
117		146	
118		147	
119		148	
120		149	
121		150	
122		151	
123		152	

# LIST OF MEMBERS

NO.	NAME	NO.	NAME
153		182	
154		183	
155		184	
156		185	
157		186	
158		187	
159		188	
160		189	
161		190	
162		191	
163		192	
164		193	
165		194	
166		195	
167		196	
168		197	
169		198	
170		199	
171		200	
172		201	
173		202	
174		203	
175		204	
176		205	
177		206	
178		207	
179		208	
180		209	
181		210	

	Box #2	LIST ALL MEMB	LIST ALL MEMBERS OMITTED ON PREVIOUS REPORT(S)						
	Name	Date Initiated	Or Affiliated	Years Omitted	Total # of Years				
1									
2									
3									
4									
5									
6									
	•			Total # of Years Omitted:					

	Box #3	LIST ALL DUAL MEMBERS (Include New Dual Members joining this year as shown in Box 6-B)
	Name	Primary Chapter Name, Number and Location
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

	Box #3-A	LIST ALL PLURAL MEMBERS (Include Plural Affiliated Members joining this year shown in Box 6-C)
	Name	Primary Chapter Name, Number and Location
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

	Box #4 LIST MEMBERS INITIATED this year	DATE			Box #5 LIST MEMBERS REINSTATED/RESTORED this year	DATE
1				1		
2				2		
3				3		
4				4		
5				5		
6				6		
7				7		
8				8		
9				9		
10				10		
	Box #6 LIST MEMBERS AFFILIATED this year DO NOT include Dual/Plural Members becoming Primary Members	DATE	State		Box 6-A LIST DUAL/PLURAL MEMBERS becoming PRIMARY this year – information box only DO NOT include in box 12 or 12-A	DATE
1				1		
2				2		
3				3		
4				4		
5				5		
6				6		
7				7		
8				8		
9				9		
	Box #6-B LIST NEW DUAL MEMBERS this year (Include in Box 3)				Box #6-C LIST NEW PLUR A year (Include in Box 3-A)	AL MEMBERS this
	NAME	DATE			NAME	DATE
1				1		
2				2		
3				3		
4				4		
5				5		

### Box #7 LIST ALL PRIMARY MEMBERS WHO DIED DURING YEAR

	NAME	DATE		NAME	DATE
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		
ox #8 (Do not l				TING DURING THE YEA nbers Terminated or 12-A Plural	
	NAME	DATE		NAME	DATE
1			6		
2			7		
3			8		
4			9		
5			10		
Box #9 (Do not list				TOED DURING THE YEAR Deers Terminated or Box 12-A Plu	
					Tal Promotis Terminate
	NAME	DATE		NAME	DATE
1	NAME	DATE	9	NAME	
	NAME	DATE	9 10	NAME	
2	NAME	DATE		NAME	
3	NAME	DATE	10	NAME	
2 3 4	NAME	DATE	10	NAME	
1 2 3 4 5 6	NAME	DATE	10 11 12	NAME	
2 3 4 5	NAME	DATE	10 11 12 13	NAME	
2 3 4 5 6 7	NAME	DATE	10 11 12 13 14	NAME	
2 3 4 5 6 7 8		DATE	10 11 12 13 14 15 16		
2 3 4 5 6 7 8			10 11 12 13 14 15 16		
2 3 4 5 5 6 7 8 8 8 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	LIS	T ALL REJECTION	10 11 12 13 14 15 16	G THE YEAR	DATE
2 3 4 5 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	LIS NAME	T ALL REJECTI DATE  ALL MEMBERS F	10 11 12 13 14 15 16  ONS DURING	G THE YEAR	DATE
2 3 4 5 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 1 1 8 8 8 1 1	LIS NAME	T ALL REJECTI DATE  ALL MEMBERS F	10 11 12 13 14 15 16  ONS DURING	G THE YEAR  NAME  URING THE YEAR	DATE

2

## Box #12 LIST ALL DUAL MEMBERS TERMINATED DURING THE YEAR

(by death, demit, suspension or expulsion)

	NAME	REASON	DATE		NAME	REASON	DATE
1				4			
2				5			
3				6			

# Box #12-A LIST ALL PLURAL MEMBERS TERMINATED DURING THE YEAR (by death, demit, suspension or expulsion)

	NAME	REASON	DATE		NAME	REASON	DATE
1				4			
2				5			
3				6			

#### Box #13 LIST ALL NAMES CHANGED DURING THE YEAR

FORMER NAME	PRESENT NAME

#### Box #14 LIST ALL AFFILIATED MEMBERS

from Box #6 Having Previous Membership in Another Florida Chapter During The Year

NAMES	CHAPTER DEMITTED FROM	DATE OF DEMIT

## Box #15 LIST OF CONSOLIDATED MEMBERS

Indicate "Dual" after the name of every Dual Member. Indicate "Plural" after the name of every Plural Member.

Attach extra pages as necessary. A copy of the Consolidated Chapters final report is acceptable to attach.

If the Consolidated Chapter paid per capita tax with their final report, these members are subtracted on page 15.

These members are also listed in Box 1.

	NAME		NAME
1		29	
2		30	
3		31	
4		32	
5		33	
6		34	
7		35	
8		36	
9		37	
10		38	
11		39	
12		40	
13		41	
14		42	
15		43	
16		44	
17		45	
18		46	
19		47	
20		48	
21		49	
22		50	
23		51	
24		52	
25		53	
26		54	
27		55	
28		56	

#### **SUMMARY**

1.	Number of members at last report, as stated on instructions		
2.	Number Omitted (Box #2, pg. 5)	+	
3.	Number Initiated during the year (Box #4, pg. 7)	+	
4.	Number Reinstated/Restored during the year (Box #5, pg. 7)	+	
5.	Number Affiliated during the year (Box #6, pg. 7)	+	
6.	Number Dual Members during the year (Box #6-B, pg. 7)	+	
7.	Number Plural Members during the year (Box #6-C, pg. 7)	+	
8.	Whole number during the year	=	

The starting number should be the number of members at the end of your report from the previous year. For your convenience, we have listed what this number should be on your included instructions.

The Whole Number (Line 8) must be carried forward to one place on page 15 and one place on page 16.

# PERPETUAL MEMBERSHIP

	LIST OF NEW PERPETUAL MEMBERS CERTIFIED DURING YEAR REGULAR, MEMORIAL OR HONORARY Include in Boxes 21-25 as appropriate					
	Name	Type, Regular, Memorial or Honorary	Date Became a Perpetual Member			
1						
2						
3						
4						
5						
6						
	Box #17	LIST ALL PERPETUAL MEMBERS AFFILIATING CHAPTERS DURING THE YE Include in Boxes 21-25 as approp	CAR			
	Name	Type Prior Fl	orida Chapter Name and Number			
1						
2						
	Box #18	LIST REGULAR PERPETUAL MEMBERS WHO AFFILIATED WITH ANOTHER FLORID				
	Name	New Flo	rida Chapter Name and Number			
1						
2						
	Box #19	LIST REGULAR PERPETUAL MEMBERS WHO DI Include in Box #22 This is an information	ED DURING THE YEAR all box only			
	Name		Date of Death			
1						
3						
	Box #20	LIST ANY CHANGE IN REGULAR PERPETUAL MEN DURING THE YEAR NOT COVERED AB				
	Name	Cl	nange in Status			
1						
2						
3						
4						

# PERPETUAL MEMBERSHIP, Continued

	Box #21	LIST ALL LIVING REGULAR PERPETUAL MEMBERS AT END OF YEAR
	Name	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
	Box #22	LIST ALL DECEASED REGULAR PERPETUAL MEMBERS AT END OF YEAR
	Name	
1		
2		
3		
4		
	Box #23	LIST ALL MEMORIAL PERPETUAL MEMBERS AT END OF YEAR
	Name	
1		
2		
3		

## PERPETUAL MEMBERSHIP, Continued

	Box #24 LIST OF ALL HONORARY PERPETUAL MEMBERS AT END OF YEAR (Include deceased Honorary Perpetual Members)
	Name
1	
2	
3	
4	
5	
6	
	LIST DEMITTED PERPETUAL MEMBERS WHO HAVE Box #25 NOT AFFILIATED WITH ANOTHER FLORIDA CHAPTER
	Name
1	
2	
3	

#### PERPETUAL MEMBERSHIP SUMMARY

1.	Number of all Perpetual Members at the beginning of the year (from last year's report) (Regular, Honorary, and Memorial – Alive and Deceased)		
2.	Number new Perpetual Members during the year (Box #16, pg. 12)	+	
3.	Number Perpetual Members Affiliating from other Florida Chapters (Box #17, pg. 12) (Regular, Honorary, and Memorial – Alive and Deceased)	+	
4.	Number Regular Perpetual Members Demitted and Affiliated with another FL Chapter (Box #18, pg. 12)	-	
5.	Number Other Changes in Regular Perpetual Members' status (Box #20, pg. 12)	±	
6.	Total lines 1 through 5	=	
7.	Number all Living Regular Perpetual Members at end of year (Box #21, pg. 13)	+	
8.	Number all Deceased Regular Perpetual Members at end of year (Box #22, pg. 13)	+	
9.	Number all Memorial Perpetual Members at end of year (Box #23, pg. 13)	+	
10.	Number all Honorary Perpetual Members at end of year (Box #24, pg. 14)	+	
11.	Number Demitted Regular Perpetual Members not Affiliated with a Florida Chapter (Box #25, pg. 14)	+	
12.	Total number of all Perpetual Members at end of year (total lines 7 thru 11)	=	_

Note: The number on line 6 and the number on line 12 should be the same. This number should be the same as the number of all Perpetual Members listed on the Certified List of Perpetual Members furnished annually to your Chapter by the Grand Secretary.

#### ESTIMATE OF PER CAPITA TAX DUE TO GRAND CHAPTER

(The Grand Chapter charges the chapters \$6.50 per member who is or was a member of the chapter for the whole or any part of the calendar year even for one moment.)

n (See instrud	ction sheets, P	= \$ age 8 "DEDUCT")
n (See instruc	ction sheets, P	age 8 "DEDUCT")
+		
	-	
+		
	-	
=	x \$6.50 each	- \$
	_ Α φο.50 εαεπ	- \$
		– ψ
chapter do iv	or pay tins rec	on consolidation.
x \$5.00		
DTED EAD	THE GENER	AT ETIND
	=	=x \$6.50 each  IONAL HEADQUARTERS I upon joining a chapter, whe chapter do NOT pay this fee

This is an annual computation for contributions received during the calendar year January 1 to December 31 of 2020. Contributions received after December 31, 2020, will be submitted with the 2021 Annual Report. This will require that Secretaries keep an accurate running total of these contributions during the calendar year so as to remit the proper amount with the Annual Report.

#### COMPUTATION OF GENERAL FUND, "A DIME A WEEK"

Total Voluntary contribution paid to the Chapter for the	
Dime-A-Week General Fund during 2020	\$
	_

#### **CHECK INFORMATION**

Per Capita		Per Capita International Headquarters Fund		Dime-A	<b>A-</b> Week
\$	#	\$	#	\$	#

# ESTIMATE OF MEMBERS AT THE CLOSE OF THE YEAR AS A BASIS FOR NEXT REPORT

Whole number of members as shown on Line 8 on page 11		
	DEDUCT	
Number of deaths during the year	r (Box #7, pg. 8)	- <u></u>
Number demitted during the year	r (Box #8, pg. 8)	- <u></u>
Number suspended during the ye	ear (Box #9, pg. 8)	- <u></u>
Number expelled during the year	(Box #11, pg. 8)	- <u></u>
Dual members terminated during	g the year (Box #12, pg. 9)	- <u></u>
Plural members terminated durin	g the year (Box 12-A, pg. 9)	
	PRESENT NUMBER OF MEMBERS	= These two
➤ Present number of member	numbers  MUST match	
	I certify that the foregoing Report and statemer Witness my hand and Chapter seal this	
SEAL	Signature	_Secretary
SEAL	Print Name	_Secretary
	Examined and approved by the undersigned	l.
	Worthy Matron	

\_\_\_\_\_Worthy Matron

Signature

Print Name