

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708077

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** THE MOST WORSHIPFUL UNION GRAND LODGE OF THE MOST ANCIENT AND HONORABLE  
FRATERNITY OF FREE AND ACCEPTED MASONS OF THE STATE OF FLORIDA, BELIZE, CENTRAL  
AMERICA AND JURISDICTION THEREUNTO

**Current Principal Place of Business:**

410 BROAD STREET  
ROOM 503  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 52657  
JACKSONVILLE, FL 32201

**New Mailing Address:**

**FEI Number:** 59-0814963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, MELVIN F  
6318 BARRY DRIVE  
JACKSONVILLE, FL 32208 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOORE, MICHAEL R  
Address: PO BOX 562  
City-St-Zip: TALLAHASSEE, FL 32302

Title: SD ( ) Delete  
Name: ROBINSON, PHILLIP A.,  
Address: 4221 W NASSAU ST.  
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete  
Name: WRIGHT, MELVIN F  
Address: 6318 BARRY DRIVE  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. MOORE

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04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date