

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 24 1998 8:00am
Secretary of State

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

DOCUMENT # **715290** (3)

1. Corporation Name

EDISON CENTER INTERNATIONAL FREE AND ACCEPTED MODERN MASONS AND EASTERN STARS, INCORPORATED

Principal Place of Business

Mailing Address

**5598 N W 7TH AVE
MIAMI FL 33127
US**

**3011 N.W. 171ST STREET
MIAMI FL 33056**



3. Date Incorporated or Qualified

09/19/1968

4. FEI Number

23-0809780

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, FRANCES
3125 N W 42ND STREET
MIAMI FL 33142**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HAMILTON, THOMAS**
CITY - ST - ZIP **3011 N.W. 171ST STREET
MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DAVIS, ST**
CITY - ST - ZIP **9111 LITTLE RIVER BLVD
MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **MINEY, CHARLIE MAE**
CITY - ST - ZIP **20931 N.W. 34TH COURT
CAROL CITY FL 33055**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **PITTS, MINNETTE**
CITY - ST - ZIP **15364 SW 284 ST, 215
N MIAMI BCH. FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **NELSON, RONALD**
CITY - ST - ZIP **18928 NW 46 AVE
CAROL CITY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIMMONS, FRANCES**
CITY - ST - ZIP **3125 N.W. 42ND STREET
MIAMI FL 33142**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

400002598684

-07/27/98--01002--033

*****61.25**

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.

SIGNATURE:

Thomas Hamilton

305-6240236

CR2E037 (10/97)