# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2007**
**Secretary of State**

DOCUMENT# N04000007452

**Entity Name:** UNIVERSAL MASONIC BROTHERHOOD FOUNDATION, INC

**Current Principal Place of Business:**

1415 N KINGSWAY RD
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

1415 N KINGSWAY RD
SEFFNER, FL 33584

**New Mailing Address:**

**FEI Number: 20-1516846** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MCCOLLOUGH, JUANITA
1415 N KINGSWAY RD
SEFFNER, FL 33584 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: P ( ) Delete
Name: MCCOLLOUGH, FREDERICK
Address: 5307 BOGDONOFF DR
City-St-Zip: SEFFNER, FL 33584

Title: VP ( ) Delete
Name: BROWN, GREGORY
Address: 2113 BEACH ST
City-St-Zip: TAMPA, FL 33607

Title: ST ( ) Delete
Name: MCCOLLOUGH, JUANITA
Address: 1415 N KINGSWAY RD
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete
Name: WEST, DOROTHY
Address: 4575 FRISCO CIR
City-St-Zip: ORLANDO, FL 32808

**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:

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 Chapter 119, 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: JUANITA MCCOLLOUGH S/T 01/22/2007

Electronic Signature of Signing Officer or Director Date