

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007452

FILED
Jun 16, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: D () Delete
Name: MCCOLLOUGH, AMY
Address: 1545 DEER TREE LANE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCCOLLOUGH, FREDERICK
Address: 1106 CITRUS HILL CT.
City-St-Zip: SEFFNER, FL 33584

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 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

ST

06/16/2009

Electronic Signature of Signing Officer or Director

_____ Date