

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14955

1. Corporation Name

MERIDIAN GRAND LODGE OF F & AAY MASONS, INC.

Principal Place of Business

18047 N W 37TH TERRACE
REDDICK FL 32686
US

Mailing Address

P O BOX 127
REDDICK FL 32686
US

99 AUG 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4/22/99 90096 016 \$61.25

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/19/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

MCKINON, REV JAMES L
18047 NW 37TH TERRACE
REDDICK FL 32686

10. Name and Address of New Registered Agent

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

Rev. James L. McKinon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME OWENS, LAWRENCE

STREET ADDRESS P O BOX 127

CITY-ST-ZIP REDDICK FL 32686

TITLE ☒ DELETE

NAME DUNCAN JR, WILLIE

STREET ADDRESS 10344 NW 177TH PL

CITY-ST-ZIP REDDICK FL

TITLE ☒ DELETE

NAME ADKINS, JR BRO MATTHEW

STREET ADDRESS P O BOX 127

CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ DELETE

NAME S/D MCKINON, REV JAMES L

STREET ADDRESS P O BOX 87

CITY-ST-ZIP REDDICK FL 32686

TITLE ☐ DELETE

NAME Willie JAMES MARTIN

STREET ADDRESS P.O. BOX 275

CITY-ST-ZIP REDDICK, FL. 32686

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Lawrence Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

Daytime Phone #

KE