2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # N14955 • N GRAND LODGE OF F & A		Mar 10, 2004 08:00 AM Secretary of State					
Principal Place of Business		Mailing Address						
16047 N W 37TH TERRACE REDDICK FL 32686 US		P O BOX 127 REDDICK FL 32686 US		[				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		M	MOORE CR2E037 (11/03)			
City & State		City & State		4. FEI Number	IO-T APPLICABLE	Not	plied For Applicable	
Zip	Country Zip		Country		5. Certificate of Status Desired See Required Fee Required			
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
160	KINON, REV JAMES L 47 NW 37TH TERRACE		Street A	Street Address (P.O. Box Number is Not Acceptable)				
HEL	DICK FL 32686		City		FI	Zip Code	)	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its ri	egistered office or	registered agent, or both, in	the State of Florida. I am	familiar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered ager	it and title it applicable. (NOTE.	Registered Agent signatu	wa raquhad whan rainstaling)	DATE		<del></del>	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	\$5.00 May Be Added to Fees	Make Chec Florida Depa	k Payable triment of S				
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND C	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, LAWRENCE P O BOX 127 REDDICK FL 32686	☐ Delete	ITTLE MAME STREET ADORESS CRY-ST-ZIP	03/		□ Change 20 81.25	Addition —	
TIFLE NAME	S/D MCKINON, REV JAMES L	☐ Delete	TIFLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	P O BOX 87 REDDICK FL 32686		STREET ADDRESS CITY - SI - 21P					
NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, WILLIE JAMES P.O. BOX 275 REDDICK FL 32686	🗀 Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME SIREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TRILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
indicated of the co	certify that the information supplied with on this report or supplemental report reporation or the receiver or trustee empty or on an attachment with an address that the supplement with an address that the supplement with an address that the supplement with a supplement with a supplement with a supplement with an address that the supplement with a supplemental report with a supplemental	is true and accurate and that my powered to execute this report a	y signature shall h	ave the same legal effect as apter 617, Florida Statutes; an	if made under oath; that :	am an officer	or director	
J. J. J. L.		PRINTED NAME OF SIGNING OFFICER O	B DIRECTOR		Date	Daytime Phone #		

**FILED**