2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

Size Country Zip Country S. Certificate of Status Desired Se. 75 Acetitional Per Regulator Se. 75 Acetitional Per Regulator Se. Certificate of Status Desired Se. 75 Acetitional Per Regulator Sectional Per R	DOCUMENT # N14955 1. Entity Name MERIDIAN GRAND LODGE OF F & AAY MASONS, INC.									04-07-2	006 90	0024 00)5 ****61	25	
Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. A. FEI Number NOT APPLICABLE Applied Fo Not Not Applied Fo Not Not Applied For Not	10344 NW 177TH PLACE 10344 NW 177TH PLACE								, -					 	
City & State City & State Country Co	2. Principal Place of Business 3. Ma				failing Address										
Signature Sign	Suite, Apt. #, etc.				Suite, Apt. #, etc.			03152006	Chg-NP	1	CR2E03	7 (11/05)			
6. Name and Address of Current Registered Agant 7. Name and Address of New Registered Agant 7. Name and Address of New Registered Agant Name DUNCAN, WILLIE JR Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE Filling Foe is \$61.25 Due by May 1, 2006 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TILLE DUNCAN, WILLIE JR DIANA WILLIE JR	City & State				City & State						=			plied For t Applicable	
DUNCAN, WILLIE JR 10344 NW 177TH PLACE REDDICK, FL 32686 City FL Zup Code 8. 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. I am familiar with, and acc the obligations of registered agent and table applicable. Signature Incomplete	Zip	p Country)	intry	5 Certificate of Status Desired \$8.75 Additional								
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. 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. I am familiar with, and acceptable of the obligations of registered agent. SIGNATURE Filing Foe is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ITIE DUNCAN, WILLIE JR 10344 NW 177TH PLACE STREET ADDRESS 101Y-ST-2P TITLE DUD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P TOD Delate TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ANA STREET ADDRESS COTY-ST-2P TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P Delate TITLE SD COPELAND, HARRY L STREET ADDRESS COTY-ST-2P COPELAND, HARRY L STREET ADDRESS COTY-ST-2P TOTAL ST-2P COPELAND, HARRY L STREET ADDRESS COTY-ST-2P TOTAL ST-2P COPELAND, HARRY L STREET ADDRESS COTY-ST-2P TOTAL ST-2P TOTAL		6. Name	and Address of Current	Registere	d Agent				7. Name and Address of New Registered Agent						
REDDICK, FL 32886 City	DUNCAN, WILLIË JR														
8. 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. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NDTE: Registered Agent signature required when resistance)			Street Address			P.O. Box Number is Not Acceptable)									
SIGNATURE Signature, hosed or protect name of registered agent and tide if applicable. INDIE: Registered Agent supnature required when remission() DATE							City					FL	Zip Code		
SIGNATURE Signature, hyead or printed name of registered agent and table of applicable. (NOTE: Registered Agent signature required when rentating) DATE		8. 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. I am familiar with, and accept													
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE PD DUNCAN, WILLIE JR DUNCAN, WILLIE J															
TITLE NAME DUNCAN, WILLIE JR SIREET ADDRESS CITY-S1-ZIP REDDICK, FL 32686 CITY-S1-ZIP DITLE D/D NAME COPELAND, HARRY L SIREET ADDRESS CITY-S1-ZIP GAINESVILLE, FL 32606 CITY-S1-ZIP Delete TITLE SD ZORILLA. JOHAN SIREET ADDRESS CITY-S1-ZIP ATLANTIC BEACH, FL 32233 TITLE NAME SIREET ADDRESS CITY-S1-ZIP Delete TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE TITLE NAME SIREET ADDRESS CITY-S1-ZIP TITLE	7								40.00 May 00						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE D/D COPELAND, HARRY L 4012 NW 30TH PLACE GAINESVILLE, FL 32606 TITLE SD ZORILLA, JOHAN SIREET ADDRESS CITY-ST-ZIP TITLE SD ZORILLA JOHAN SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE N	10.		OFFICERS AND DI	RECTORS		11.		7	ADDITIONS/CHA	ANGES TO O	FFICERS	AND DIF	RECTORS IN		
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Change Ad	NAME STREET ADDRESS				☐ Delete	NAM STRE	ET ADDRESS						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and include the same legal effect as if made under oath; that I am an officer or direct of the control of	TITLE NAME STREET ADDRESS CITY-ST-2-P		a information a called with	h this filing		NAM STRI CITY	EET ADDRESS -ST-ZIP	ontained	in Chapter 119	, Florida Stat	utes. I fu	rther cert		Addition	

12. I hereby certify that the information supplied with this faing does not quality for the exemptions contained in Chapter 195, Horizon and indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Discon Gr., Willie Duncan Jr. 04/06/06 352 - 591-1949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daysone Proce #