

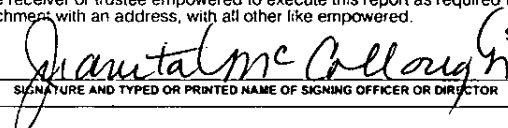


FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90165 043 ****70.00

DOCUMENT # N94000000491 1. Entity Name UNIVERSAL MASONIC BROTHERHOOD, INC.					
Principal Place of Business 1709 N.E. LAMBRIGHT STREET TAMPA, FL 33610			Mailing Address 1709 N.E. LAMBRIGHT STREET TAMPA, FL 33610		
2. Principal Place of Business 1415 N. KINGSWAY RD		3. Mailing Address 1415 N. KINGSWAY RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEFFNER, FL.		City & State SEFFNER, FL.		4. FEI Number 38-3645098	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33584	Country HILLS	Zip 33584	Country HILLS		
6. Name and Address of Current Registered Agent MCCOLLOUGH, FREDERICK 1709 N.E. LAMBRIGHT STREET TAMPA, FL 33610			7. Name and Address of New Registered Agent Name JUANITA MCCOLLOUGH Street Address (P O Box Number is Not Acceptable) 1415 N. KINGSWAY RD City SEFFNER FL Zip Code 33584		
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 the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> SIGNATURE JUANITA MCCOLLOUGH (ST) <small>Signature: typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;">  <small>(If FE Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 3/6/06 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, DOROTHY 4575 FRISCO CIRCLE ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCOLLOUGH, JUANITA 1709 N.E. LAMBRIGHT STREET TAMPA, FL 33610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Juanita McCollough <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 N. KINGSWAY RD SEFFNER, FL 33584	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCOLLOUGH, FREDERICK 1709 N.E. LAMBRIGHT STREET TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Frederick A. MCCOLLOUGH 5307 Bogdonoff Dr Seffner, FL 33584	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOLLOUGH, FREDERICK A 937 NINA ELIZABETH CIRCLE BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gregory Brown 2113 Beach St Tampa, FL 33607	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, ERNEST 3101 CHIPCO ST TAMPA, FL 33605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GREGORY 2113 BEACH ST TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Barbara Lee 1142 Harrison St. Tampa, FL 33602	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Juanita McCollough st 3/6/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	<small>Daytime Phone #</small>