

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000491

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: UNIVERSAL MASONIC BROTHERHOOD, INC.

**Current Principal Place of Business:**

1415 N. KINGSWAY ROAD  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

1415 N. KINGSWAY ROAD  
SEFFNER, FL 33584

**New Mailing Address:**

FEI Number: 38-3645098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCOLLOUGH, JUANITA  
1415 N. KINGSWAY ROAD  
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: D ( ) Delete  
Name: WEST, DOROTHY  
Address: 4575 FRISCO CIRCLE  
City-St-Zip: ORLANDO, FL 32808

Title: ST ( ) Delete  
Name: MCCOLLOUGH, JUANITA  
Address: 1415 N. KINGSWAY ROAD  
City-St-Zip: SEFFNER, FL 33584

Title: V ( ) Delete  
Name: BROWN, GREGORY  
Address: 2113 BEACH ST  
City-St-Zip: TAMPA, FL 33607

Title: P ( ) Delete  
Name: MCCOLLOUGH, FREDERICK A  
Address: 5307 BOGDONOFF DR  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: BUTLER, ERNEST  
Address: 3101 CHIPCO ST  
City-St-Zip: TAMPA, FL 33605

Title: D ( ) Delete  
Name: LEE, BARBARA  
Address: 1142 HARRISON ST  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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: FREDERICK MCCOLLOUGH

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date