## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N96000000114

1. Entity Name

THE INTERNATIONAL MASONS AND ORDER OF EASTERN STARS BUILDING AND CHARITABLE ASSOCIATION OF ST. P



Principal Place of Business

855 13TH AVENUE SOUTH ST. PETERSBURG, FL 33701 Mailing Address

3500 28TH AVENUE S. ST.PETERSBURG, FL 33711

## FILED Aug 25, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

08072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 58-3136728

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, CHRISTINE W 3500 28TH AVENUE S. ST. PETERSBURG, FL 33711

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  OATE					
Filing Fee is \$61.25  9. Election Campaign Finan Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	ly
10.	OFFICERS AND DIREC	TORS			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JAMES E 850 NEWTON AVENUE S. ST. PETERSBURG, FL 33701			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES, CHRISTINE W 3500 28TH AVENUE S. ST. PETERSBURG, FL 33711				000000958255 08/25/08-30001-015 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, THELMA 2425 HIGHLAND STREET S. ST. PETERSBURG, FL 33701			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KITTLES, WILLIE T 2487 LYNN LAKE CIRCLE SO. SAINT PETERSBURG, FL 33712			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CiTY-S1-ZIP	25 March 1 15 March 1 1 1 March 1 1 Ma				
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.					