

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 29, 2005  
Secretary of State**

DOCUMENT# N97000004735

**Entity Name:** MOST WORSHIPFUL CYPRESS GRAND LODGE OF ANCIENT FREE AND ACCEPTED MASONS OF FLORIDA FOUNDATION, INC.

**Current Principal Place of Business:**

11785 NW 17 AVENUE  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2033  
MIAMI, FL 33055

**New Mailing Address:**

**FEI Number:** 31-1585707      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BRYANT, HENRY L  
2817 DOLPHIN DRIVE  
MIRAMAR, FL 33025      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: DP      ( ) Delete  
Name: FITTS, JOHN H  
Address: 2801 N.W. 207TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: DS      ( ) Delete  
Name: FITTS, GEORGE E  
Address: 3971 N.W. 188 STREET  
City-St-Zip: MIAMI, FL 33055

Title: DVP      ( ) Delete  
Name: BRANFORD, WINSTON G  
Address: 19245 N W 53 CIRCLE PLACE  
City-St-Zip: MIAMI, FL 33055

Title: DVP      ( ) Delete  
Name: BRYANT, HENRY L  
Address: 2817 DOLPHIN DRIVE  
City-St-Zip: MIRAMAR, FL 33025

Title: DT      ( ) Delete  
Name: BALDWIN, CHARLES  
Address: 2843 212 TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: D      ( ) Delete  
Name: BRANFORD, ANTHONY  
Address: 19214 NW 48 AVENUE  
City-St-Zip: MIAMI, FL 33055

**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 for the exemption stated in Section 119.07(3)(i), 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: JOHN H. FITTS

PD

08/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date