

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
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 ()

Name and Address of Current Registered Agent:

BRANFORD, WINSTON G
19245 NW 53 CIRCLE PLACE
MIAMI, FL 33055 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: BRANFORD, WINSTON G
Address: 19245 NW 53 CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055

Title: DS () Delete
Name: FITTS, GEORGE E
Address: 2954 DEEP COVE DRIVE
City-St-Zip: CONCORD, NC 28027

Title: DVP () Delete
Name: TRENT, WILLIAM
Address: 19500 NW 37 PLACE
City-St-Zip: MIAMI, FL 33055

Title: DVP () Delete
Name: FITTS, JOHN H
Address: 2954 DEEP COVE DRIVE
City-St-Zip: CONCORD, NC 28027

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

Title: D () Delete
Name: BRANFORD, ANTHONY
Address: 19245 NW 53 CIRCLE PLACE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: WILLIAM, TRENT
Address: 19500 NW 37 PLACE
City-St-Zip: MIAMI, FL 33055

Title: DVP (X) Change () Addition
Name: BALDWIN, CHARLES
Address: 284312 TERRACE
City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: ALTER, WILLIAMS
Address: 9630 DUNHILL DR.
City-St-Zip: MIRAMAR, FL 333027

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: WINSTON BRANFORD

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date