


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 703869
 1. Entity Name
BETHLEHEM GRAND CHAPTER ORDER OF EASTERN STAR OF FLORIDA AND JURISDICTION, P.H.A., INC



Principal Place of Business Mailing Address
410 BROAD STREET **P.O. BOX 40128**
THIRD FLOOR **JACKSONVILLE, FL 32202-0128**
TALLAHASSEE, FL 32202

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01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
23-7205362 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SMITH, MILDRED A
4232 NW 20TH STREET
GAINESVILLE, FL 32605

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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: *Mildred A. Smith*

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, MILDRED A
STREET ADDRESS	4232 NW 20TH STREET
CITY ST ZIP	GAINESVILLE, FL 32605
TITLE	DV
NAME	CURE, WILLIAMS A
STREET ADDRESS	7308 SYRNA STREET
CITY ST ZIP	JACKSONVILLE, FL 32209
TITLE	DV
NAME	JOHNSON, THELMA P
STREET ADDRESS	2355 NW 59TH STREET
CITY ST ZIP	MIAMI, FL 33142
TITLE	DV
NAME	HARVEY, LEANDERS
STREET ADDRESS	2408 BANYON DRIVE
CITY ST ZIP	TALLAHASSEE, FL 32303
TITLE	S
NAME	SMITH, WILLIE LEE
STREET ADDRESS	1347 W 26TH ST
CITY ST ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	JENKINS, ISABELLE F
STREET ADDRESS	9 BLANCHE LANE
CITY ST ZIP	SAINT AUGUSTINE, FL 32084

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 01/29/05-00058-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 files empowered.

SIGNATURE: *Mildred A. Smith* *26 JAN 29 2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR