

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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



FILED
07 MAY 24 PM 1:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05222007 REIN-ND 5 CR2E099(1/07) 0607 WOP

4. FEI Number
 23-7205362 Applied For: 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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50 **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MILDRED A 4232 NW 20TH STREET GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 300104649533 06/21/07--01011--018 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CURE, WILLIAMS A 7308 SYRNA STREET JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOHNSON, THELMA P 2355 NW 59TH STREET MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARVEY, LEANDERS 2408 BANYON DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, WILLIE LEE 1347 W 26TH ST JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, ISABELLE F 9 BLANCHE LANE SAINT AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	Change Addition JACKSON, PATRICIAL 7877 CAXTON CIR.W. JACKSONVILLE, FL 32208

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.

SIGNATURE: Mildred A. Smith MILDRED A. SMITH 5/23/2007 352-3756843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #