



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 410 BROAD STREET THIRD FLOOR TALLAHASSEE, FL 32202				Mailing Address P.O. BOX 40128 JACKSONVILLE, FL 32202-0128			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				 05222007 REIN-ND 5 CR2E099 (1/07) 06-07 WOP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 23-7205362			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JOHNSON, THELMA P 2355 NW 59TH STREET MIAMI, FL 33142			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HARVEY, LEANDERS 2408 BANYON DRIVE TALLAHASSEE, FL 32303			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, WILLIE LEE 1347 W 26TH ST JACKSONVILLE, FL 32209			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JENKINS, ISABELLE F 9 BLANCHE LANE SAINT AUGUSTINE, FL 32084			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition T 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: <u>Mildred A. Smith</u> MILDRED A. SMITH 5/23/2007 352-3756843 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							