


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 712659

1. Entity Name
UNITED FREE AND ACCEPTED MASONS OF THE WORLD, INC.



Principal Place of Business Mailing Address

**1210 UNION STREET SOUTH
 ST PETERSBURG, FL 33712** **1210 UNION STREET SOUTH
 ST PETERSBURG, FL 33712**

DO NOT WRITE IN THIS SPACE



04162005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
23-7164454 Not Applicable

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

6. Name and Address of Current Registered Agent

**TUNSIL, MCCORTHA
 2540 11TH AVE S
 ST PETERSBURG, FL 33712**

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

**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 NAME STREET ADDRESS CITY - ST - ZIP	ST BROWN, JAMES W 3310 16TH AVE SOUTH ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCORTHA, TUNSIL 2540 11TH AVE SO ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOOKES, HARVEY J 2500 27TH ST SO ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, HARRY L PO BOX 2895 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/20/05-80049-011 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 like empowered.

SIGNATURE: James W. Brown **James W. Brown** April 18, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #