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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

FILED
95 MAY -1 PM 12:57

DOCUMENT # 725705 (8)

1. Corporation Name

SUPREME GRAND LODGE WORLD TRAVEL ANCIENT FREE AN D ACCEPTED MASONS, SCOTTISH RITE AFFILIATION, IN

Principal Place of Business: 5921 CRYSTAL BELL AVENUE, JACKSONVILLE FL 32208

Mailing Address: 5921 CRYSTAL BELL AVENUE, JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1973
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-1538178 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26 5921 Crystal Bell Ave
Suite, Apt. #, etc: 22 / 27
City & State: 23 / 28 JAX FLA
Zip: 24 / 29 32208
Country: 25 / 30 DUVAL

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARVIN, ALEX REV.
5921 CRYSTAL BELL AVE.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARVIN, ALEX REV.
STREET ADDRESS	5921 CRYSTAL BELL AVE. Same
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	JAMES, ROOSEVELT A Same
STREET ADDRESS	3670 MIMOSA DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD
NAME	GARVIN, ALEX T Same
STREET ADDRESS	6480 RESTLAWN DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	MARION, LEVI D
STREET ADDRESS	1602 COVE LANDING DR. Same
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	D	☐ Change ☐ Addition
12 NAME	Stanley - t Bowers - Sr 32218	
13 STREET ADDRESS	4282 Key Adam Dr Jax Fla	
14 CITY-ST-ZIP		
21 TITLE	D	☐ Change ☐ Addition
22 NAME	Anthony - Steward	
23 STREET ADDRESS	1869 Westhalls Rd - Jax Fla 32208	
24 CITY-ST-ZIP		
31 TITLE	D	☐ Change ☐ Addition
32 NAME	James Derby	
33 STREET ADDRESS	8506 N. Kim Rd Jax Fla 32208	
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alex Garvin PD ALEX GARVIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4- — Daytime Phone #

0028193