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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:26

DOCUMENT # 728336 (9)

1. Corporation Name

ST. JAMES GRAND LODGE - INTERNATIONAL FREE AND A
ACCEPTED MODERN MASONS OF FLORIDA INC.

Principal Place of Business

Mailing Address

5598 N.W. 7TH AVE.
MIAMI FL 33127

5598 N.W. 7TH AVE.
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1973

3a. Date of Last Report
03/31/1994

4. FEI Number
65-0160318

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERSTEIN, MICHAEL J.
1550 N.E. MIAMI GARDENS DRIVE
SUITE 504
NORTH MIAMI BEACH FL 33179

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DAVIS, S.T.
STREET ADDRESS 9111 LITTLE RIVER BLVD
CITY - ST - ZIP MIAMI FL

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE TD
NAME HAMILTON, THOMAS
STREET ADDRESS 3011 N.W. 171ST STREET
CITY - ST - ZIP MIAMI FL

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE PD
NAME BROWN, RENFORD P.
STREET ADDRESS 508 N.W. 1ST WAY
CITY - ST - ZIP DEERFIELD BEACH FL

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE SD
NAME LANIER, HOMER
STREET ADDRESS 4411 N.W. 171ST TERR.
CITY - ST - ZIP OPA LOCKA FL

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

SD
LANIER, HOMER W
2000 BOSCHY HALL RD
WILLOUGHBY, FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Homer W Lanier HOMER W LANIER

6/6/95 (904) 878-2293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed