

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90022 003 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728336

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 508 N.W. 1st Way

Suite, Apt. #, etc.

22 City & State

23 Deerfield Beach, FL

Zip

24 33441

Country

25 USA

2a. Mailing Address

26 508 N.W. 1st Way

Suite, Apt. #, etc.

27 City & State

28 Deerfield Beach, FL

Zip

29 33441

Country

30 USA

3. Date Incorporated or Qualified

12/03/1973

4. FEI Number

65-0160318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE SD  
NAME JONES, MORSEEE  
STREET ADDRESS 4724 N.W. 7TH MANOR  
CITY-ST-ZIP COCONUT CREEK FL 33063

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TR  
1.2 NAME Bertram Coney  
1.3 STREET ADDRESS 2971 N.W. 6th Street  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33311

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Renford P. Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/11/99 Daytime Phone # 954-427-4515

CR2E037 (1/98)