


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # 728336		
1. Entity Name ST. JAMES GRAND LODGE - INTERNATIONAL FREE AND ACCEPTED MODERN MASONS OF FLORIDA INC.		
Principal Place of Business 508 N.W. 1ST WAY DEERFIELD BEACH, FL 33441	Mailing Address 508 NW 1ST WAY DEERFIELD BEACH, FL 33441	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SILVERSTEIN, MICHAEL J. 1550 N.E. MIAMI GARDENS DRIVE SUITE 504 NORTH MIAMI BEACH, FL 33179		DO NOT WRITE IN THIS SPACE
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 re-registering)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CONEY, BERTRAM 3651 NW 8TH PL FORT LAUDERDALE, FL 33311	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, RENFORD P. 508 N.W. 1ST WAY DEERFIELD BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, MORSHEE 16476 SW 31ST STREET HOLLYWOOD, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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><i>Renford P. Brown</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>01-18-2006</u> <small>Daytime Phone #</small>



01182006 No Chg-NP

CR2E037 (11/05)

4. FEI Number **65-0160318** Applied For
Not Applicable

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

U000000395820
01/27/06-80007-025 61.25