

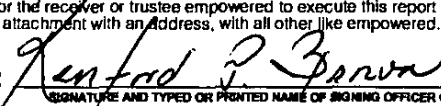


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 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			
		01162007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 65-0160318	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 reappointing)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 3851 NW 8TH PL FORT LAUDERDALE, FL 33311		
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: 		1/18/07 954-427-4515	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	