

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 754134

1. Entity Name
**AHMED TEMPLE NO. 37 GRENADIER & SHRINE CLUB
INCORPORATED**



FILED

07 AUG 30 PM 1:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**469 ST. FRANCIS STREET
TALLAHASSEE, FL 32310**

Mailing Address
**POST OFFICE BOX 6553
TALLAHASSEE, FL 32314**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2979967

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THURSTON, LEWIS S
2532 WHISPER WAY
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
NILES, JAMES E
3118 RACKLEY DR
TALLAHASSEE, FL 32310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
**000109131840
09/06/07--01028--004 **\$1.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
THURSTON, LEWIS S
2532 WHISPER WAY
TALLAHASSEE, FL 32308** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ROBERT, NEAL
8496 LAKE ATKINSON DR
TALLAHASSEE, FL 32310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JEFFERSON, CHARLES O
2027 SKYLAND DR
TALLAHASSEE, FL 32310** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
DOWNEY, STEVEN T.
410 VICTORY GARDENS DR #78
TALLAHASSEE, FL 32301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DARBY, TIMOTHY
3525 SUNNYSIDE DR
TALLAHASSEE, FL 32310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **STEVEN DOWNEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/07

Date

(950) 644-1439

Daytime Phone #