


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90097 034 \*\*\*\*61.25

|   |                        |   |                        |
|---|------------------------|---|------------------------|
| <b>DOCUMENT # 758087</b>  |                        |  |                        |
| <b>1. Entity Name</b><br>BEACON OF MIAMI LODGE # 17 AND CHAPTER #14, INC. |                        |   |                        |
| <b>Principal Place of Business</b><br>284 NE 80TH TERR<br>MIAMI FL 33138  |                        | <b>Mailing Address</b><br>284 NE 80TH TERR<br>MIAMI FL 33138                      |                        |
| <b>2. Principal Place of Business</b><br>284 NE 80th TERR                 |                        | <b>3. Mailing Address</b><br>284 NE 80th TERR                                     |                        |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.   |                        |
| <b>City &amp; State</b><br>MIAMI FL 33138                                 |                        | <b>City &amp; State</b><br>MIAMI FL   |                        |
| <b>Zip</b><br>33138   | <b>Country</b><br>DADE | <b>Zip</b><br>33138   | <b>Country</b><br>DADE |



1st MOORE CR2E037 (10/04)

|  |  |   |  |
|--|--|---|--|
| <b>4. FEI Number</b><br>59-2146662   |  | <b>Applied For</b><br>Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                         |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>ANDERSON, BERRIS<br>15600 NE 14TH AVE.<br>NORTH MIAMI BEACH FL 33162 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-21-05

DATE

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br>MILLER, IRIS<br>1930 N.W. 191 ST.<br>MIAMI FL 33056 <input checked="" type="checkbox"/> Delete       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Chairperon</b><br>ANDERSON BERRIS<br>15600 N.E 14th AVE NO MIA BCH FL 33162 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br>BAILEY, PATRICK<br>7295 NW 53 ST.<br>LAUDERHILL FL 33319 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VC</b><br>LEONIE BOOTHE<br>26 N.E 110th Street NO MIA FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                         |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>POWELL, VELDA<br>8245 NW 34 AVE<br>MIAMI FL 33-0147 <input checked="" type="checkbox"/> Delete       | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREA</b><br>RUDOLPH BROWN<br>17031 NW 16 AVE MIAMI FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br>MOSLEY, C.<br>3783 NW 204 STREET<br>MIAMI FL <input checked="" type="checkbox"/> Delete              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SEC</b><br>MAXINE THOMAS<br>11140 N.W 22nd CT MIA FL 33167 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                             |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>JONES, ALVA<br>2729 NW 204 LANE<br>MIAMI FL 33056 <input type="checkbox"/> Delete                    | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>ALVA JONES<br>2729 N.W 204 LANE MIA FL 33056 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br>ANDERSON, BERRIS<br>15600 NE 14TH AVE.<br>NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>ICILIDA BRYAN<br>17301 N.W 27th CT MIA FL 33056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                               |

12. 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 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 an other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-05

305

Date

Daytime Phone #