2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 758087

1. Entity Name

BEACON OF MIAMI LODGE # 17 AND CHAPTER #14, INC.

Principal Place of Business	Mailing Address
284 NE 80TH TERR MIAMI FL 33138	284 NE 80TH TERR MIAMI FL 33138

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2146662 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, BERRIS
15600 NE 14TH AVE.
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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 Berris Anderson BERRIS ANDERSON 3.02.07.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 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	CP BERRIS, ANDERSON 15600 NE 14TH AVE N MIAMI BCH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC BOOTHE, LEONIE 26 NE 110TH ST N MIAMI BCH FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000666504 ☐ Change ☐ Addition 03/23/07-80073-010 70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BROWN, RUDOLPH 17031 NW 16 AVE MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SBC THOMAS, MAXINE 11140 NW 22ND CT MIAMI FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, ALVA 2729 NW 204 LANE MIAMI FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYAN, ICILIDA 17301 NW 27TH CT MIAMI FL 33056	☐ 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 Section 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: Maxine Thomas Maxine Thomas 3/2/07 3053253254