2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758087

FILED Feb 12, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
284 NE 80 MIAMI, FL	0TH TERR _ 33138			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
284 NE 80 MIAMI, FL	0TH TERR - 33138			
FEI Numbe	r: 59-2146662 FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired (X)	
Name an	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
15600 NE NORTH M The above	ON, BERRIS E 14TH AVE. MIAMI BEACH, FL 33162 US e named entity submits this statement for the purple of the purpl	pose of changing its registere	d office or registered agent, or both,	
SIGNATL				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CP () Delete BERRIS, ANDERSON 15600 NE 14TH AVE N MIAMI BCH, FL 33162	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VC () Delete BOOTHE, LEONIE 26 NE 110TH ST N MIAMI BCH, FL 33138	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TR () Delete BROWN, RUDOLPH 17031 NW 16 AVE MIAMI, FL 33169	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip: Title: Name: Address:	SBC () Delete THOMAS, MAXINE 11140 NW 22ND CT MIAMI, FL 33167	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	THOMAS, MAXINE 11140 NW 22ND CT	Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS MILLER D 02/12/2009