FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763648 (3)

1. Corporation Name
POMPANO BEACH CHAPTER OF THE GRAND LODGE OF H.B. S.U.

Principal Place of Business	Mailing Address
8000 HAMPTON BLVD. 414 N. LAUDERDALE FL 33068 US	8000 HAMPTON BLVD. #414 N. LAUDERDALE FL 33068 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1982
3a. Date of Last Report: 04/11/1994
4. FEI Number: 31-1051809 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ ~~$68.75~~ Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 5100 N.W 54 CT.
Suite, Apt. #, etc. 22
City & State 23 TAMARAC FL.
Zip 24 33319 Country 25 US

2a. Mailing Address
26 5100 NW54CT.
Suite, Apt. #, etc. 27
City & State 28 TAMARAC FL.
Zip 29 33319 Country 30 U.S.

9. Name and Address of Current Registered Agent

MOLLY KOLINSKY
8000 HAMPTON BLVD., #414
N. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name: ROSE MAHRER
82 Street Address (P.O. Box Number is Not Acceptable): 5100 NW54 CT.
83
84 City: TAMARAC FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ROSE MAHRER Rose Mahrer 2/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	P.D. ☐ Change ☐ Addition
NAME	HANDLER, TILLIE	1.2 NAME	SESLOW, AL.
STREET ADDRESS	8260 SW 24TH STREET	1.3 STREET ADDRESS	3521 INVERRY DR. BLDG J
CITY-ST-ZIP	N. LAUDERDALE FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL. 33319
TITLE	PD	2.1 TITLE	V.D. ☐ Change ☐ Addition
NAME	SESLOW, AL	2.2 NAME	TILLIE HANDLER
STREET ADDRESS	3521 INVERRARY DR BLDG J	2.3 STREET ADDRESS	8260 SW 24 ST
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	N. LAUDERDALE, FL. 33068
TITLE	SD	3.1 TITLE	SD BUNNY WYNBRANDT ☒ Change ☐ Addition
NAME	MAHRER, ROSE	3.2 NAME	
STREET ADDRESS	5100 NW 54TH COURT	3.3 STREET ADDRESS	9481 SUNRISE LAKES BLVD.
CITY-ST-ZIP	TAMARA FL	3.4 CITY-ST-ZIP	SUNRISE, FL. 33322
TITLE	T	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	KOLINSKY, MOLLY	4.2 NAME	ROSE MAHRER
STREET ADDRESS	8000 HAMPTON BLVD #414	4.3 STREET ADDRESS	5100 NW54 CT.
CITY-ST-ZIP	N LAUDERDALE FL	4.4 CITY-ST-ZIP	TAMARAC, FL 33319
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose Mahrer - ROSE MAHRER 2/1/95 305-485-8028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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