2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763648

1. Entity Name

POMPANO BEACH CHAPTER OF THE GRAND LODGE OF H.B.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90011 012 ****61.25

Principal Place of Business 3521 INVERRARY DR J 402 LAUDERHILL FL 33319 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 3521 INVERRARY DR J 402 LAUDERHILL FL 33319 US 3. Mailing Address Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES 4. FEI Number 31-1051809 Applied For Not Applicable			
Zip Country		Zip	Country	5. Certificate of Star		8.75 Additi		
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered A			
SESLOW, ALLEN 3521 INVERRARY OR # J 402 LAUDERHILL FL 33319 8. The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.			City	Street Address (P.O. Box Number is Not Acceptable)				
SIGNÁTURE _	Signature, typed or printed name of registered agent of the second secon		E: Registered Agent signature requirements and a signature requirements and a signature requirements are signature requirements.	s5.00 May Be Added to Fees	Make Check Florida Depart			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN 1	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SESLOW, AL 3521 INVERRY DR BLDG J LAUDERHILL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYNBRANDT, BUNNY 9481 SUNRISE LAKES BLVD SUNRISE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAHRER, ROSE 5100 NW 54 CT TAMARAC FL	ŪZ Delete	NAME	DEARLSE SEARLSE SEARL	ESHOW RRANG DR THELE 33319	□ Change J to2	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHYLLIS, NOVAK R 1124 CYPRESS DR. POMPANO BEACH FL 33069	☑ Delete	TITLE NAME	1. D Roma Land	•	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emplor or on an attachment with an address, SIG	s true and accurate and that r owered to execute this report	ny signature shall have t as required by Chapter	ine same legal ettect as t	i made under dam: maci a	Block 10 or I	Block 11 if	