

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90278 021 \*\*\*61.25

**DOCUMENT # C10384**

1. Entity Name  
**ADONIRAM COUNCIL NO. 10, ROYAL AND SELECT  
MASTERS**



Principal Place of Business  
**1690 NW NORTH RIVER DR  
MIAMI, FL 33125**

Mailing Address  
**1690 NW NORTH RIVER DR  
MIAMI, FL 33125**

**34043830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-1833281**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHILEY, JOHN G.  
5841 SW 80TH STREET  
SOUTH MIAMI, FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 ☐ Delete  
NAME **D**  
STREET ADDRESS **GLOCKMAN, WILLIAM**  
CITY-ST-ZIP **9830 SW 114TH STREET  
MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BRANDAO, EDUARDO L**  
CITY-ST-ZIP **2101 SW 56TH TER  
HOLLYWOOD, FL 33023**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PAVILACK, SIDNEY**  
CITY-ST-ZIP **470 N E 142ND STREET  
NORTH MIAMI, FL 33161**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **THURMOND, JR., E. TOM**  
CITY-ST-ZIP **9905 S. W. 90TH AVENUE  
MIAMI, FLORIDA 33176**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **CHIPOURAS, GEORGE A**  
CITY-ST-ZIP **19460 S.W. 87TH AVENUE  
MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **FACKLER, LEROY E**  
CITY-ST-ZIP **1301 N.W. 112TH ST.  
MIAMI, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **CHIPOURAS, GEORGE A**  
CITY-ST-ZIP **19460 S.W. 87TH AVENUE  
MIAMI, FL 33157**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

**SIGNATURE:**

**GEORGE A. CHIPOURAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*George A. Chipouras* 04/24/04 305.283-7513