

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006795

FILED
Apr 30, 2007
Secretary of State

Entity Name: MASONIC HOME OF MISSOURI, INCORPORATED

Current Principal Place of Business:

6033 MASONIC DRIVE
SUITE A
COLUMBIA, MO 65202

New Principal Place of Business:

Current Mailing Address:

6033 MASONIC DRIVE
SUITE A
COLUMBIA, MO 65202

New Mailing Address:

FEI Number: 43-0653370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: NATIONS, JOHN M
Address: 13321 N. OUTER FORTY ROAD, SUITE 300
City-St-Zip: ST. LOUIS, MO 63107

Title: P () Delete
Name: BERGER, M. ROBERT
Address: 14181 WOODS MILL COVE DRIVE
City-St-Zip: ST. LOUIS, MO 63107

Title: VP () Delete
Name: AUSTIN, BRUCE R
Address: 603 N. MAIN ROAD
City-St-Zip: CHARLESTON, MO 63834

Title: S () Delete
Name: TRIPI, AMY
Address: 106 SPANGLE WAY COURT
City-St-Zip: O'FALLON, MO 63366

Title: T () Delete
Name: WEAVER, ROCKY E
Address: 708 WOODLAND CIRCLE
City-St-Zip: GRAIN VALLEY, MO 64029

Title: D () Delete
Name: BELL, KARIN A
Address: 4601 GARDEN GROVE DRIVE
City-St-Zip: COLUMBIA, MO 65203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BERGER, M. ROBERT
Address: 14181 WOODS MILL COVE DRIVE
City-St-Zip: ST. LOUIS, MO 63107

Title: P (X) Change () Addition
Name: AUSTIN, BRUCE R
Address: 603 N. MAIN ROAD
City-St-Zip: CHARLESTON, MO 63834

Title: VP (X) Change () Addition
Name: WEAVER, ROCKY E
Address: 708 WOODLAND CIRCLE
City-St-Zip: GRAIN VALLEY, MO 64029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FETTER, DENNIS E
Address: 101 E. DONALDSON DRIVE
City-St-Zip: ST. LOUIS, MO 63129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KARIN BELL

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date