

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000772

FILED
Feb 20, 2009
Secretary of State

Entity Name: THE MASONIC HOMES OF KENTUCKY, INC.

Current Principal Place of Business:

3761 JOHNSON HALL DRIVE
MASONIC HOME, KY 400419002

New Principal Place of Business:

Current Mailing Address:

3761 JOHNSON HALL DRIVE
MASONIC HOME, KY 400419002

New Mailing Address:

3761 JOHNSON HALL DRIVE
MASONIC HOME, KY 40041

FEI Number: 61-0458374

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: CONWAY, JOSEPH R
Address: 6839 GREEN MEADOWS CIRCLE
City-St-Zip: LOUISVILLE, KY 40207

Title: VC () Delete
Name: DEAN, FORREST V
Address: 778 REBECCA ROAD
City-St-Zip: LEXINGTON, KY 40502

Title: D () Delete
Name: BELL, RONNIE G
Address: 4108 HWY 477
City-St-Zip: WEBSTER, KY 40176

Title: D () Delete
Name: BARNETT, ROGER D
Address: 9410 STONELANDING PLACE
City-St-Zip: LOUISVILLE, KY 40272

Title: D () Delete
Name: CRADY, EDWARD E
Address: 1306 ROBERTSON DR
City-St-Zip: CRESTWOOD, KY 40014

Title: D () Delete
Name: DAVENPORT, ROBERT
Address: 631 PORTLAND DR.
City-St-Zip: LEXINGTON, KY 40503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DEAN, FORREST V
Address: 778 REBECCA ROAD
City-St-Zip: LEXINGTON, KY 40502

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

Title: D (X) Change () Addition
Name: EASTHAM, TODD
Address: 145 HAZELWOOD COURT
City-St-Zip: GREENUP, KY 41144

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

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: GARY R. MARSH

CEO

02/20/2009

Electronic Signature of Signing Officer or Director

Date