

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90106 024 ****70.00

DOCUMENT # F06000005446

1. Entity Name

THE MASONIC CHARITY FOUNDATION OF
CONNECTICUT, INC.



Principal Place of Business

Mailing Address

22 MASONIC AVE
WALLINGFORD CT 06492

PO BOX 70
WALLINGFORD CT 06492



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

06-1435920

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

BORGERSON, WILLIAM C ESQ.
2530 WEST BAY DR
LARGO FL 33770

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

★ FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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
NAME
STREET ADDRESS
CITY ST ZIP
PCEO
MCPHERSON, STEPHEN B
PO BOX 70
WALLINGFORD CT 06492 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
C
CARBONARO, J. ARTHUR
548 LISBON ROAD
CANTERBURY CT 06331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VC
JOHNSON, A. NORMAN
PO BOX 381
BLOOMFIELD CT 06002-0381 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VC
Polito, Jr, Robert F.
254 Summer Hill Road
Madison CT 06443 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
T
MACALUSO, PRISCILLA S
30 HIGHLAND TERRACE
IVORYTON CT 06442 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
T
Mcwain, Lyman T.
44 Harkness Drive
Madison CT 06443 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
MARQUETTE, RICHARD
60 WASHINGTON AVE SUITE 302
HAMDEN CT 06518 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
S
Mcwain, Lyman T.
44 Harkness Drive
Madison CT 06443 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
KING, JENNIFER
PO BOX 70
WALLINGFORD CT 06492 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Jennifer A. King* Jennifer A. King, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07
Date

203-679-5555
Daytime Phone #