

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005446

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE MASONIC CHARITY FOUNDATION OF CONNECTICUT, INC.

Current Principal Place of Business:

22 MASONIC AVE
WALLINGFORD, CT 06492

New Principal Place of Business:

Current Mailing Address:

PO BOX 70
WALLINGFORD, CT 06492

New Mailing Address:

FEI Number: 06-1435920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGERSON, WILLIAM C ESQ.
2530 WEST BAY DR
LARGO, FL 33770 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: PCEO () Delete
Name: MCPHERSON, STEPHEN B
Address: PO BOX 70
City-St-Zip: WALLINGFORD, CT 06492

Title: C () Delete
Name: CARBONARO, J. ARTHUR
Address: 548 LISBON ROAD
City-St-Zip: CANTERBURY, CT 06331

Title: VC () Delete
Name: POLITO, ROBERT F JR
Address: 254 SUMMER HILL RD
City-St-Zip: MADISON, CT 06443

Title: TS () Delete
Name: MCWAIN, LYMAN T
Address: 44 HARKNESS DR
City-St-Zip: MADISON, CT 06443

Title: S () Delete
Name: MARQUETTE, RICHARD
Address: 60 WASHINGTON AVE SUITE 302
City-St-Zip: HAMDEN, CT 06518

Title: P () Delete
Name: KING, JENNIFER
Address: PO BOX 70
City-St-Zip: WALLINGFORD, CT 06492

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S (X) Change () Addition
Name: MCWAIN, LYMAN T
Address: 44 HARKNESS DR
City-St-Zip: MADISON, CT 06443

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: JENNIFER A. KING

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date