

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90169 014 ****61.25

DOCUMENT # N00000002771

1. Entity Name

**MECCA COURT #98 OF THE LADIES ORIENTAL SHRINE
OF NORTH AMERICA INC**



Principal Place of Business

**505 MASSACHUSETTA AVE
LAKELAND FL 33801**

Mailing Address

**4966 COLONNADES CIR W
LAKELAND FL 33811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

31-0978931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEITZ, MARY F
4966 COLONNADES CIR W
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name

MAYO, BETTY R.

Street Address (P.O. Box Number is Not Acceptable)

2425 HARDEN BLVD. # 22

City

LAKELAND

FL

Zip Code

33803

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

Betty R. Mayo

Betty R. Mayo

3/2/05

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEITZ, MARY	
STREET ADDRESS	4966 COLONNADES CIR. W.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	STORMS, JACQUELINE	
STREET ADDRESS	2755 LAUREL AVE	
CITY-ST-ZIP	LAKE WALES FL 33898	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARROWS, DEBORAH	
STREET ADDRESS	243 OLEANDER RD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEITZ MAYO, BETTY	
STREET ADDRESS	2425 HARDEN BLVD. # 22	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Betty R. Mayo**

Betty R. Mayo

3/2/05

(863) 688-7332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #