


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90048 018 ****61.25

DOCUMENT # N00000002771 1. Entity Name MECCA COURT #98 OF THE LADIES ORIENTAL SHRINE OF NORTH AMERICA INC			
Principal Place of Business 505 MASSACHUSETTS AVE LAKELAND, FL 33801		Mailing Address 2425 HARDEN BLVD. LOT. #22 LAKELAND, FL 33803-5949	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 2425 HARDEN BLVD. Lot #22 Lakeland FL 33803-5949 USA	
4. FEI Number 31-0978931		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYO, BETTY R 2425 HARDEN BLVD #22 LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name Betty R Mayo 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 <u><i>Betty R. Mayo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete MAYO, BETTY 2425 HARDEN BLVD #22 LAKELAND, FL 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Eaton 4929 Foxdale Drive Lakeland, FL 33810-3023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HICKEY, GEORGIE 811 ASPEN DR LAKELAND, FL 33815138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FARROW, DEBORAH 243 OLEANDER RD LAKE WALES, FL 33853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	

ATTACHMENT

60051583

#NO000002771

any changes, please
select:

No Changes

select:

Make Changes

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100054583

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2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate at the bottom to generate the annual report form.

**** This information cannot be changed on the report. ****

Document Number N00000002771

Business Entity Name MECCA COURT #98 OF THE LADIES ORIENTAL SHRINE OF NORTH AMERICA INC

Original File Date 04/21/2000

FEI Number 31-0978931

Principal Address 505 MASSACHUSETTA AVE
LAKELAND, FL 33801

Mailing Address 2425 HARDEN BLVD.
LOT. #22
LAKELAND, FL 338035949

Registered Agent BETTY R MAYO
2425 HARDEN BLVD
#22
LAKELAND, FL 33803 US

Officer/Director Name And Address

D
BETTY MAYO
2425 HARDEN BLVD #22
LAKELAND, FL 33803

D
~~GEORGIE HICKEY~~
~~811 ASPEN DR~~
~~LAKELAND, FL 338154138~~

D
DEBORAH FARROWS
243 OLEANDER RD
LAKE WALES, FL 33853

Barbara Eaton
4929 Foxdale Drive
Lakeland, FL 33810-3023

If all of the above
information is correct and
you do not wish to make

If you need to make
changes to the above
information, please



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60054583

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2007

MECCA COURT #98 OF THE LADIES ORIENTAL SHRINE OF NORTH
2425 HARDEN BLVD.
LOT. #22
LAKELAND, FL 33803-5949

SUBJECT: MECCA COURT #98 OF THE LADIES ORIENTAL SHRINE OF
NORTH AMERICA INC
Ref. Number: N00000002771

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Carole Anderson
OPS

Letter Number: 907A00047582

*8-6-07 Returned as requested. I did not
receive the Annual Report Form so did
attempt to use the enclosed. Thank you.
Betty Mayo*