


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000006296 1. Entity Name MASONIC DESCENDANTS OF THE PYRAMIDS, INC.	
--	---

Principal Place of Business 511 NW 33RD AVE FT LAUDERDALE, FL 33311	Mailing Address 511 NW 33RD AVE FT LAUDERDALE, FL 33311
--	--

DO NOT WRITE IN THIS SPACE



03272005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCRUGGS, JOSHUA D 511 NW 33RD AVE FT LAUDERDALE, FL 33311	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, GEORGE 570 E CAMPUS CIR PLANTATION, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALLEN, WILLIE 4421 NW 13TH ST LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, ERNEST 4601 NW 25TH ST LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YATES, KENNETH 6872 W VIRGINIA AVE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, ALEXANDER 569 STRATHCLYDE CT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000336062
04/27/05-80110-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George Johnson **GEORGE JOHNSON** 4/25/05 (954) 584-3205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #