## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008671

FILED Jun 07, 2005 Secretary of State

Entity Name: SIMMONS' CHAPTER #204 ORDER OF THE EASTERN STAR, P.H.A., INC.

**Current Principal Place of Business: New Principal Place of Business:** 512 N. MACOMB STREET TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** PO BOX 5483 TALLAHASSEE, FL 32314 FEI Number: 13-4228177 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURRY, SONYA MURRY, SONYA 72 HORSESHOE ROAD 414 GAITHER DRIVE MONTICELLO, FL 32344 US TALLAHASSEE, FL 32305 US 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: 06/07/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WEBB, TONJA WEBB, TONJA Name: Name: PO BOX 32314 Address: PO BOX 5483 Address: City-St-Zip: TALLAHASSEE, FL 32314 City-St-Zip: TALLAHASSEE, FL 32314 Title: Title: ( ) Delete () Change () Addition HARVEY, LEANDER Name: Name: Address: PO BOX 5483 Address: City-St-Zip: TALLAHASSEE, FL 32314 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TURK, ANDREA Name: BROWN, SHWANA Name: PO BOX 5483 Address: PO BOX 5483 Address: TALLAHASSEE, FL 32314 City-St-Zip: TALLAHASSEE, FL 32314 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: DAVIS, LAKEISHA Name: HAMILTON, TIFFANY PO BOX 5483 Address: PO BOX 5483 Address: City-St-Zip: TALLAHASSEE, FL 32314 City-St-Zip: TALLAHASSEE, FL 32314 Title: () Delete Title: (X) Change ( ) Addition HAMILTON, TIFFANY TURNER, ARENA Name: Name: PO BOX 5483 PO BOX 5483 Address: Address: City-St-Zip: TALLAHASSEE, FL 32314 City-St-Zip: TALLAHASSEE, FL 32314 Title: () Delete Title: () Change () Addition MURRAY, SONYA Name: Name: Address: PO BOX 5483 Address: TALLAHASSEE, FL 32314 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TONJA WEBB D 06/07/2005