

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008671

FILED  
Jan 13, 2006  
Secretary of State

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

**Current Principal Place of Business:**

512 N. MACOMB STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5483  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:** 13-4228177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURRY, SONYA  
414 GAITHER DRIVE  
TALLAHASSEE, FL 32305 US

**Name and Address of New Registered Agent:**

MURRAY, SONYA  
414 GAITHER DRIVE  
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: SONYA MURRAY

01/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEBB, TONJA  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D ( ) Delete  
Name: HARVEY, LEANDER  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D ( ) Delete  
Name: BROWN, SHWANA  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D ( ) Delete  
Name: HAMILTON, TIFFANY  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D ( ) Delete  
Name: TURNER, ARENA  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D ( ) Delete  
Name: MURRAY, SONYA  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: THOMAS, TRACY A  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

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

Title: D (X) Change ( ) Addition  
Name: EPPS-LAURY, KIMBERLEY  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D (X) Change ( ) Addition  
Name: JOCIRIN, CASSANDRE  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D (X) Change ( ) Addition  
Name: LATIMER, LIRA  
Address: PO BOX 5483  
City-St-Zip: TALLAHASSEE, FL 32314

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TRACY ALISHA THOMAS

D

01/13/2006

Electronic Signature of Signing Officer or Director

Date