

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

0007078

DOCUMENT # N02000008671

1. Entity Name

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -1 AM 9:00

*[Handwritten signature]*

Principal Place of Business

**512 N. MACOMB STREET  
TALLAHASSEE FL 32301**

Mailing Address

**PO BOX 5483  
TALLAHASSEE FL 32314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**13-4228177**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MURRY, SONYA  
72 HORSESHOE ROAD  
MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

FILE NOW: FEE IS \$61.25

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** ☐ Delete  
NAME **BOWMAN, VANDA**  
STREET ADDRESS **PO BOX 32314**  
CITY-ST-ZIP **TALLAHASSEE FL 32314**

TITLE **D** ☐ Delete  
NAME **HARVEY, LEANDER**  
STREET ADDRESS **PO BOX 5483**  
CITY-ST-ZIP **TALLAHASSEE FL 32314**

TITLE **D** ☐ Delete  
NAME **TURK, ANDREA**  
STREET ADDRESS **PO BOX 5483**  
CITY-ST-ZIP **TALLAHASSEE FL 32314**

TITLE **D** ☐ Delete  
NAME **MURRAY, SONYA**  
STREET ADDRESS **PO BOX 5483**  
CITY-ST-ZIP **TALLAHASSEE FL 32314**

TITLE **D** ☒ Delete  
NAME **BROWN, SHAWNA**  
STREET ADDRESS **PO BOX 5483**  
CITY-ST-ZIP **TALLAHASSEE FL 32314**

TITLE **D** ☐ Delete  
NAME **WEBB, TONYA**  
STREET ADDRESS **PO BOX 5483**  
CITY-ST-ZIP **TALLAHASSEE FL 32314**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **D Nadia Ward**  
STREET ADDRESS **PO Box 5483**  
CITY-ST-ZIP **Tallahassee, FL 32314**

TITLE ☐ Change ☐ 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:

*[Handwritten signature]*

3/31/03

850 342-1195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)