2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001842

FILED May 30, 2007 Secretary of State

Entity Name: MOST WORSHIPFUL UNION GRAND LODGE FOUNDATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
	AD STREET IVILLE, FL 32201	
Current M	lailing Address:	New Mailing Address:
SUITE B	M COURT SSEE, FL 32301	
In accordan	: 20-0863495 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation d I Address of Current Registered Agent	lid not receive the prior notice.
410 BROA JACKSON	on, PHILLIP AD STREET IVILLE, FL 32201 US	the purpose of changing its registered office or registered agent, or both,
	e of Florida.	the pulpose of changing its registered office of registered agent, of both,
SIGNATU		
	Electronic Signature of Degistered	L A grant Data
	Electronic Signature of Registered	l Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECTORS: P () Delete MOORE, MICHAEL R PO BOX 562	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	S AND DIRECTORS: P () Delete MOORE, MICHAEL R PO BOX 562 TALLAHASSEE, FL 32302 VP () Delete WRIGHT, MELVIN F 6318 BARRY DRIVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	S AND DIRECTORS: P () Delete MOORE, MICHAEL R PO BOX 562 TALLAHASSEE, FL 32302 VP () Delete WRIGHT, MELVIN F 6318 BARRY DRIVE JACKSONVILLE, FL 32208 S () Delete STAFFORD, PATRICIA B 1860 CLEVELAND STREET N.E, PALM BAY, FL 32905 T () Delete GULLEY, WALTER P.O. BOX 10924	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN M. GRAYSON ED 05/30/2007