

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011627

FILED
Apr 30, 2009
Secretary of State

Entity Name: MASONIC EDUCATION CENTER, INC.

Current Principal Place of Business:

1450 NE 151 ST# 103
N MIAMI BCH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1450 NE 151 ST# 103
N MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: 74-3159130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPERVAL, MARIO
1450 NE 151 ST# 103
N MIAMI BCH, FL 33162 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUPERVAL, MARIO
Address: 1450 NE 151 ST# 103
City-St-Zip: N MIAMI BCH, FL 33162

Title: DV () Delete
Name: VIELOT, LONIE
Address: 2110 NW 192ND TERR
City-St-Zip: MIAMI, FL 33068

Title: VD () Delete
Name: GEORGES, ANTOINE
Address: 7761 NW 45TH ST
City-St-Zip: LAUDERHILL, FL 33351

Title: DS () Delete
Name: RENE, MARIE-ANGE
Address: 13500 NE 3RD CT# 125
City-St-Zip: N MIAMI, FL 33168

Title: DS () Delete
Name: POLYCARPE, LANOUE
Address: 1550 NE 123RD ST
City-St-Zip: N MIAMI, FL 33161

Title: DT () Delete
Name: JOSEPH, THOMAS
Address: 1190 NW 124TH ST
City-St-Zip: N MIAMI, FL 33161

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:

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: MARIO DUPERVAL

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date