## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002022

FILED Apr 05, 2007 Secretary of State

Entity Name: ST. MATTHEW SUPREME COUNCIL A.A.S.R. MASONS, INCORPORATED

**Current Principal Place of Business:** New Principal Place of Business: 2909-C 19TH AVE 2909-EAST 19TH AVE. TAMPA, FL 33605 TAMPA, FL 33605 **Current Mailing Address: New Mailing Address:** 2909-EAST EAST 19TH AVE. 2909-C 19TH AVE TAMPA, FL 33605 TAMPA, FL 33605 FEI Number: 20-4297891 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERTS, CALVIN ROBERTS, CALVIN 2909-EASŤ 19TH AVE 2909-C 19TH AVE. TAMPA, FL 33605 US TAMPA, FL 33605 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: 04/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete DΡ (X) Change ( ) Addition HELMS, EDGAR O. HELMS, EDGAR O. Name: Name: 1102 32 AVE. Address: 1102 32 AVE. Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPAA, FL 33602 Title: DT Title: (X) Change ( ) Addition ( ) Delete ROBERTS, CALVIN Name: ROBERTS, CALVIN Name: Address: 2909-C 19TH AVE. Address: 2909-EAST 19TH AVE. City-St-Zip: TAMPA, FL 33605 City-St-Zip: TAMPA, FL 33605 Title: () Delete Title: ( ) Change (X) Addition PREWITT,, DAVID Name: Name: Address: Address: 16811-MANSFIELD STREET City-St-Zip: City-St-Zip: DETROIT, MI 48235 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: STEWART,, CHARLES 18611-LAMONT STREET Address: Address: City-St-Zip: City-St-Zip: DETROIT, MI 48234 US Title: () Delete Title: ( ) Change (X) Addition JOHNSON, RON E Name: Name: PO BOX 2222 Address: Address: City-St-Zip: City-St-Zip: GOLDENROD, FL 32733 US Title: () Delete Title: ( ) Change (X) Addition HUNT. HENRY H Name: Name: Address: Address: 4421- BOOKER T DRIVE TAMPA, FL 33610 US 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 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: CALVIN ROBERTS DT 04/05/2007