

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002022

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

2909-EAST 19TH AVE.
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2909-EAST EAST 19TH AVE.
TAMPA, FL 33605

New Mailing Address:

FEI Number: 20-4297891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, CALVIN
2909-EAST 19TH AVE.
TAMPA, FL 33605 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: HELMS, EDGAR O.
Address: 1102 32 AVE.
City-St-Zip: TAMPAA, FL 33602

Title: DT () Delete
Name: ROBERTS, CALVIN
Address: 2909-EAST 19TH AVE.
City-St-Zip: TAMPA, FL 33605

Title: DS () Delete
Name: PREWITT,, DAVID
Address: 16811-MANSFIELD STREET
City-St-Zip: DETROIT, MI 48235 US

Title: D () Delete
Name: STEWART,, CHARLES
Address: 18611-LAMONT STREET
City-St-Zip: DETROIT, MI 48234 US

Title: D () Delete
Name: JOHNSON, RON E
Address: PO BOX 2222
City-St-Zip: GOLDENROD, FL 32733 US

Title: T () Delete
Name: HUNT, HENRY H
Address: 4421- BOOKER T DRIVE
City-St-Zip: TAMPA, FL 33610 US

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
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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: CALVIN C ROBERTS

TREA

01/14/2009

Electronic Signature of Signing Officer or Director

Date