

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002022

FILED
May 28, 2011
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 19TH AVE.
TAMPA, FL 33605

New Mailing Address:

FEI Number: 20-4297891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: HELMS, EDGAR O.
Address: 1102 32 AVE.
City-St-Zip: TAMPAA, FL 33602

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERTS CALVIN

RA

05/28/2011

Electronic Signature of Signing Officer or Director

Date