


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000005438

1. Entity Name
MYSTIC TIE COUNCIL NO. 374 ALLIED MASONIC DEGREES, INC.



Principal Place of Business
**9905 SW 90TH AVENUE
 MIAMI, FL 33176-2963**

Mailing Address
**9905 SW 90TH AVENUE
 MIAMI, FL 33176-2963**

2. Principal Place of Business - No P.O. Box #
19460 S. W. 87th Avenue
 Suite, Apt. #, etc.

3. Mailing Address
19460 S. W. 87th Avenue
 Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33157-8996

Country
U. S. A.


Zip
33157-8996

Country
U. S. A.

FILED

07 SEP 14 PM 3:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



08272007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1316811

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**THURMOND, E. TOM JR.
 9905 SW 90TH AVENUE
 MIAMI, FL 33176-2963**

7. Name and Address of New Registered Agent
 Name
George A. Chipouras
 Street Address (P.O. Box Number is Not Acceptable)
19460 S. W. 87th Avenue
 City
MIAMI FL Zip Code
33157-8996

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *George A. Chipouras* **SEPT 12, 2007**
(NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is **\$91.25**
 Due by **September 14, 2007**

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

State check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLHEISER, PETER MASTER 13627 DEERING BAY DR. APT 703 CORAL GABLES, FL 331682835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHIPOURAS, GEORGE A. 19465 S W. 87th AVE. MIAMI, FLORIDA 33157-8996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDRICKS, JOHN WARDEN 21876 SW 212TH AVENUE MIAMI, FL 331701006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	\$19/14 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD THURMOND, E. TOM JR. 9905 SW 90TH AVENUE MIAMI, FL 331762963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600109594886 09/18/07--01089--001 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George A. Chipouras* **SEPT 12, 2007** **305-259-7513**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Override Form #