

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005438

FILED
Sep 03, 2008
Secretary of State

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

Current Principal Place of Business:

19460 S.W. 87TH AVENUE
MIAMI, FL 331578996

New Principal Place of Business:

Current Mailing Address:

19460 S.W. 87TH AVENUE
MIAMI, FL 331578996

New Mailing Address:

FEI Number: 65-1316811 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHIPOURAS, GEORGE A
19460 S.W. 87TH AVENUE
MIAMI, FL 331578996 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: D () Delete
Name: MILLHEISER, PETER MASTER
Address: 19465 SW 87TH AVE
City-St-Zip: MIAMI, FL 331578996

Title: D () Delete
Name: HENDRICKS, JOHN WARDEN
Address: 21875 SW 212TH AVENUE
City-St-Zip: MIAMI, FL 331701006

Title: STD () Delete
Name: THURMOND, E. TOM JR.
Address: 9905 SW 90TH AVENUE
City-St-Zip: MIAMI, FL 331762963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PELLON, BLAS MASTER
Address: 3121 SW 23 ST
City-St-Zip: MIAMI, FL 33145

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: GEORGE A. CHIPOURAS

D

09/03/2008

Electronic Signature of Signing Officer or Director

Date