

# 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