2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N07000007179

Entity Name: THE MOST WORSHIPFUL GRAND LODGE OF FLORIDA, PRINCE HALL TRADITIONAL FREE & ACCEPTED ANCIENT MASONS, INC.

Current Principal Place of Business:

4110 NW 37TH PLACE, SUITE B
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4110 NW 37TH PLACE, SUITE B
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 45-0569108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ENWALL, PETER C
4110 NW 37TH PLACE, SUITE B
GAINESVILLE, FL 32606 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: OWENS, LAWRENCE
Address: P.O. BOX 128
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete
Name: MCKINON, JAMES L REV
Address: P.O. BOX 87
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete
Name: MARTIN, WILLIE
Address: PO BOX 175
City-St-Zip: REDDICK, FL 32686

Title: D ( ) Delete
Name: THOMAS, TENNIE M
Address: 730 SW 5TH STREET
City-St-Zip: GAINESVILLE, FL 32601

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
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: JAMES L. MCKINON D 04/11/2009

Electronic Signature of Signing Officer or Director — Date