

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90175 044 \*\*\*\*70.00

**DOCUMENT # N07596**

**1. Entity Name**  
**WORLDWIDE MASONIC BROTHERHOOD AND O.E.S., INC.**



**Principal Place of Business**

**535 N.W. 41 ST.,  
MIAMI FL 33142**

**Mailing Address**

**1535 N.W. 41 ST.,  
MIAMI FL 33142**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-2514442**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**MAJOR, DANIEL  
1535 NW 41ST ST.  
MIAMI FL 33142**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	CRISWELL, MOSES L.	NAME	
STREET ADDRESS	8813 FALCON TRACE DRIVE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32222	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	MAJOR, DANIEL	NAME	
STREET ADDRESS	1535 N.W. 41 ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	HOWARD, ROY C.	NAME	
STREET ADDRESS	MATTHEWVILLE BRANCH HC 65 P. O. BOX 24 B	STREET ADDRESS	
CITY-ST-ZIP	SHUBUTA MS 39360	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** *Daniel Major* **DANIEL MAJOR**

*2/18/03* **2/18/03 305-634-7455**

Date

Daytime Phone #

CR2E037 (10/02)