

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008155

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** NORTH CENTRAL FLORIDA COUNCIL 423 - ALLIED MASONIC DEGREES, INC.

**Current Principal Place of Business:**

24716 GROVE ST  
LAWTEY, FL 32058

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 431  
LAWTEY, FL 320580431

**New Mailing Address:**

24716 GROVE ST  
LAWTEY, FL 32058

**FEI Number:** 26-0199364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEEMAN, ERNEST W  
2553 S.E. 144TH ST  
STARKE, FL 32091 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  
**Name:** BULLARD, ROBERT D  
**Address:** 1195 LAKE ASBURY DR.  
**City-St-Zip:** GREEN COVE SPRING, FL 32043

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT G. ATWELL

SEC

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date