

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:12

DOCUMENT # N21911 (5)

1. Corporation Name
**ST. ANDREWS GRAND LODGE AND QUEEN MARY GRAND COU
RT, YORK MASON INC.**

Principal Place of Business Mailing Address
**C/O EDMOND, JAMES, T
13630 JACKSON STREET
MIAMI FL 33176
US** **C/O EDWARD, JAMES, T
10305 S.W. 149 TERRACE
MIAMI FL 33176
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/06/1987** 3a. Date of Last Report **03/10/1994**
4. FEI Number **65-0080635** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26** **13630 JACKSON ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **MIAMI, FL**
Zip Country Zip Country
24 **25** **29** **33176** **30** **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**EDMOND, JAMES T JR.
13630 JACKSON STREET
MIAMI FL 33176**

10. Name and Address of Now Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAILEY, JAMES
STREET ADDRESS	10305 S.W. 149 TERRACE
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	EDMOND, JAMES, JR.
STREET ADDRESS	13630 JACKSON STREET
CITY- ST- ZIP	MIAMI FL
TITLE	S
NAME	JORDAN, DONNELL
STREET ADDRESS	2350 N.W. 89 STREET
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	WELLS, WILLIE
STREET ADDRESS	8175 NW 186ST #111
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	CARTER, JAMES
STREET ADDRESS	3440 N.W. 82 STREET
CITY- ST- ZIP	MIAMI FL
TITLE	TD
NAME	WALKER, DANIEL
STREET ADDRESS	9281 S.W. 186 TERRACE
CITY- ST- ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: James T. Edmond 1/17/95 305-235-2516
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Phone/Fax #)
James T. Edmond