

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23106

1. Corporation Name

WILEY WRIGHT MILITARY LODGE NO. 705, P.H.A. MASO
NS, INC.

Principal Place of Business

18474 SW 87 COURT
MIAMI FL 33157

Mailing Address

18474 SW 87 COURT
MIAMI FL 33157

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90188 018 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/21/1987

4. FEI Number

65-0204764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JAY B. GRANT
18474 SW 87 CT.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JAY B. GRANT
STREET ADDRESS 18474 SW 87 CT.
CITY-ST-ZIP MIAMI FL

TITLE FVD ☐ DELETE

NAME LAZIER, THEODORE
STREET ADDRESS 25856 SW 132 CT
CITY-ST-ZIP MIAMI FL

TITLE SVD ☐ DELETE

NAME WILLIAMS, TALYA
STREET ADDRESS 11961 S.W. 200 ST.
CITY-ST-ZIP MIAMI, FL, FL

TITLE SD ☐ DELETE

NAME ROBINSON, KATDO
STREET ADDRESS 1331 B S FRANKLIN AVENUE
CITY-ST-ZIP HOMESTEAD FL

TITLE TD ☐ DELETE

NAME BRYANT, FREDERICK L
STREET ADDRESS 27841 SW 132 COURT
CITY-ST-ZIP NARANJA FL

TITLE TD ☐ DELETE

NAME SHERBERT WILLIAMS
STREET ADDRESS 26623 SW 122 PL
CITY-ST-ZIP MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)