

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23106

FILED
Feb 08, 2005
Secretary of State

Entity Name: WILEY WRIGHT MILITARY LODGE NO. 705, P.H.A. MASONS, INC.

Current Principal Place of Business:

18474 SW 87 COURT
HOMESTEAD, FL 33039

New Principal Place of Business:

Current Mailing Address:

PO BOX 32008
PRINCETON, FL 33032

New Mailing Address:

FEI Number: 65-0104764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SHERBERT
26623 SW 122 PLACE
PRINCETON, FL 33032 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: PD () Delete
Name: WILLIAMS, SHERBERT
Address: 26623 SW 122 PLACE
City-St-Zip: PRINCETON, FL 33032

Title: FVD () Delete
Name: LAZIER, THEODORE,
Address: 25856 SW 132 CT
City-St-Zip: MIAMI, FL

Title: SVD () Delete
Name: ROBERTS, WALTER T
Address: 13391 SW 258 TERRACE
City-St-Zip: PRINCETON, FL 33032

Title: SD () Delete
Name: ROBINSON, KATDO
Address: 1331 B S FRANKLIN AVENUE
City-St-Zip: HOMESTEADH, FL

Title: TD () Delete
Name: BRYANT, FREDERICK L
Address: 27841 SW 132 COURT
City-St-Zip: NARANJA, FL

Title: TD () Delete
Name: COLLEY, CLIFFORD
Address: 15920 SW 102 AVE
City-St-Zip: MIAMI, FL 33157

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:

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Address:
City-St-Zip:

Title: () Change () Addition
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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 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 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: AMOS JORDAN

TREA

02/08/2005

Electronic Signature of Signing Officer or Director

Date