

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23106

**FILED**  
**Apr 07, 2010**  
**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 (X)**

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

JORDAN, AMOS  
14715 SW 107 AVE  
MIAMI, FL 33176 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  
Name: JORDAN, AMOS  
Address: 14715 SW 107 AVE  
City-St-Zip: MIAMI, FL 33176

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

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

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

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

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

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: AMOS JORDAN

PD

04/07/2010

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

\_\_\_\_\_  
Date