

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90140 006 \*\*\*\*61.25

**DOCUMENT # N23106**

1. Entity Name

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



Principal Place of Business

**18474 SW 87 COURT  
HOMESTEAD FL 33039**

Mailing Address

**PO BOX 32008  
PRINCETON FL 33032**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**  
**65-0104764**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILLIAMS, SHERBERT  
26623 SW 122 PLACE  
PRINCETON FL 33032**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, SHERBERT	
STREET ADDRESS	26623 SW 122 PLACE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	FVD	<input type="checkbox"/> Delete
NAME	LAZIER, THEODORE	
STREET ADDRESS	25858 SW 132 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	ROBERTS, WALTER T	
STREET ADDRESS	13391 SW 258 TERRACE	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINSON, KATDO	
STREET ADDRESS	1331 B S FRANKLIN AVENUE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYANT, FREDERICK L	
STREET ADDRESS	27841 SW 132 COURT	
CITY-ST-ZIP	NARANJA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLEY, CLIFFORD	
STREET ADDRESS	15920 SW 102 AVE	
CITY-ST-ZIP	MIAMI FL 33157	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wiley Wright* **WILEY WRIGHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15 FEB 03**

**305 224-6773**

Date

Daytime Phone #

CR2E037 (10/02)

CORPORATION  
ANNUAL REPORT  
1996



Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23106 (0)

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

3. Date Incorporated or Qualified  
10/21/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent:

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE FVD ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SVD ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

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

6.1 TITLE ☐ Change ☐ 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 April 1996 305-251-9398

Date

Daytime Phone #