

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90123 029 ****61.25

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1. Corporation Name

**TOMBS OF SOLOMON GRAND LODGE #63/BRIGHT MORNING
STAR GRAND CHAPTER # 64, INC.**

Principal Place of Business

**2802 N. PEARL STREET
JACKSONVILLE FL 32206**

Mailing Address

**2802 N. PEARL STREET
JACKSONVILLE FL 32206**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/23/1994

4. FEI Number

59-3244952

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

**SPENCER, ROBERTA A
2802 N. PEARL STREET
JACKSONVILLE FL 32206**

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 **ROBERTA A. SPENCER**

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

(NOTE: Registered Agent signature required when reinstating)

1/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SMITH, DAN JR**
STREET ADDRESS **2210 FOREST HILLS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **VT** ☐ DELETE

NAME **SPENCER, ROBERTA A**
STREET ADDRESS **8089 ATLANTIC BLVD., # F43**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **TT** ☐ DELETE

NAME **BUGGS, VICKY**
STREET ADDRESS **7632 PICKETT STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **ST** ☒ DELETE

NAME **COBB, DE'BORAH**
STREET ADDRESS **9626 LITTLE JOHN RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **T** ☐ DELETE

NAME **SHOWERS, LENORA**
STREET ADDRESS **5029 JIES CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **T** ☐ DELETE

NAME **DIXON, LARRY**
STREET ADDRESS **8968 PALOS VERDE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32825**

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

**2637 Sam Houston Place
JAX. FL. 32246**

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: **ROBERTA A. SPENCER** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

(904) 573-1000

Daytime Phone #

CR2E037 (11/98)