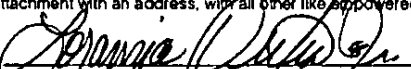


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Apr 22, 2005 8:00 am
Secretary of State

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DOCUMENT # N94000003095				Secretary of State	
1. Entity Name TOMBS OF SOLOMON GRAND LODGE #63/BRIGHT MORNING STAR GRAND CHAPTER # 64, INC.		04-08-2005 90027 010 ****61.25			
Principal Place of Business 2802 N. PEARL STREET JACKSONVILLE FL 32206		Mailing Address P O BOX 40085 JACKSONVILLE FL 32203			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3244952	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OUTIN, LARRANZIA JR 3620 ANTAR RIDGE LANE JACKSONVILLE FL 32218				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 obligation of the registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE 4/5/05					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SMITH, DAN JR 2210 FOREST HILLS ROAD JACKSONVILLE FL 32208	TRUSTEE ☐ Delete PAST GRAND MASTER	TITLE NAME STREET ADDRESS CITY- ST- ZIP	ALPHONSE MARTIN 706 WECKSLER CR. ORLANDO, FL. 32824	☐ Change ☒ Addition CHAIRMAN GRAND MASTER
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VT SPENCER, ROBERTA A 2637 SAM HOUSTON PLACE JACKSONVILLE FL 32246	TRUSTEE ☐ Delete PAST GRAND MASTER	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	FT OUTIN, LORANZIA JR 3620 ANTAR RIDGE LANE JACKSONVILLE FL 32218	FINANCIAL DIRECTOR ☐ Delete GRAND SECRETARY	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WISE, GERALYN 10211 SWARTHMORE DRIVE JACKSONVILLE FL 32218	CO-CHAIR ☐ Delete GRAND MATRON	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SHOWERS, LENORA 5029 JIES CT. JACKSONVILLE FL 32209	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIXON, LARRY 8968 PALOS VERDE DRIVE ORLANDO FL 32825	TRUSTEE ☐ Delete PAST GRAND MASTER	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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: 			4/5/05 (924) 764-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		