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

SIGNATURE:

FILED DOCUMENT # **N9400003095** 03 MAY 19 AM 10: 16 TOMBS OF SOLOMON GRAND LODGE #63/BRIGHT MORNING STAR GRAND CHAPTER # 64, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2802 N. PEARL STREET P O BOX 40085 JACKSONVILLE FL 32206 JACKSONVILLE FL 32203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3244952 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIXON, LARRY Street Address (P.O. Box Number is Not Acceptable) 1314 S SEMORAN BLVD ORLANDO FL 32807 8. The 4 yove 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. SIGNATI 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution, Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition SMITH, DAN JR NAME NAME 200019326882 STREET ADDRESS STREET ADDRESS 2210 FOREST HILLS ROAD 05/19/03--01088--007 **61.25 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32208 TITLE ☐ Delete TITLE ☐ Change Addition NAME SPENCER, ROBERTA A NAME STREET ADDRESS 2637 SAM HOUSTON PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP JACKSONVILLE FL 32246 ☐ Delete TITLE TITLE Change Addition OUTIN, LORANZIA JR NAME NAME STREET ADDRESS STREET ADDRESS 3620 ANTAR RIDGE LANE CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32218 ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition WISE, GERALYN NAME NAME STREET ADDRESS 10211 SWARTHMORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32218 Addition TITLE ☐ Delete TITLE ☐ Change SHOWERS, LENORA NAME NAME STREET ADDRESS STREET ADDRESS 5029 JIES CT. CITY-ST-ZIP JACKSONVILLE FL 32209 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DIXON, LARRY NAME NAME STREET ADDRESS 8968 PALOS VERDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32825 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.