

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003109 (5)**

1. Corporation Name

**MT. OLIVE LODGE NO. 5 FREE AND ACCEPTED MASONS P
RINCE HALL AFFILIATED, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 38424
TALLAHASSEE FL 32315

P.O. BOX 38424
TALLAHASSEE FL 32315

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 512 N. Macomb St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tallahassee FLA.

28

Zip

Country

Zip

Country

24 32304

25 Leon

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THURSTON, LEWIS
512 NORTH MACOMB
TALLAHASSEE FL**

81 Name Charles O. Jefferson

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

2027 Skyland Dr.

83

84 City Tallahassee

FL

85 Zip Code 32303

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 **Charles O. Jefferson / Charles O. Jefferson**

2/6/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **THURSTON, LEWIS**
STREET ADDRESS **2532 WHISPER WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Jefferson, Charles**
1.3 STREET ADDRESS **2027 Skyland Dr**
1.4 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **VD** ☐ DELETE
NAME **JEFFERSON, CHARLES**
STREET ADDRESS **2027 SKYLAND DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Niles, James**
2.3 STREET ADDRESS **3118 Rackley Dr.**
2.4 CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE **VD** ☐ DELETE
NAME **NILES, JAMES**
STREET ADDRESS **3118 RACKLEY DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Richardson, Harold**
3.3 STREET ADDRESS **P.O. Box 702**
3.4 CITY-ST-ZIP **HAVANA FL 32333**

TITLE **SD** ☐ DELETE
NAME **BROWN, CALVIN**
STREET ADDRESS **1531 PAYNE STREET, APT. 3**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **INMAN, Sam**
4.3 STREET ADDRESS **431 Mercury Dr.**
4.4 CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE **TD** ☐ DELETE
NAME **WILLIAMS, ROBERT**
STREET ADDRESS **621 FAMCEE STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **Thurston, Lewis**
5.3 STREET ADDRESS **2532 Whisper Way**
5.4 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **900001746299** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
-03/18/96--01025--010
*****61.25**

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: **Charles O. Jefferson / Charles O. Jefferson** **2/6/96** **904 414-7045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

PS 3/18/96