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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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

512 N. MACOMB STREET
TALLAHASSEE FL 32304

P.O BOX 38424
TALLAHASSEE FL 32315-8424
US



3. Date Incorporated or Qualified

06/23/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEFFERSON, CHARLES O
2027 SKYLAND DRIVE
TALLAHASSEE FL 32303

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

TITLE PD ☐ DELETE

NAME JEFFERSON, CHARLES
STREET ADDRESS 2027 SKYLAND DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VD ☐ DELETE

NAME NILES, JAMES
STREET ADDRESS 3118 RACKLEY DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE S ☐ DELETE

NAME RICHARDSON, HAROLD
STREET ADDRESS P.O BOX 38424 N/A
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE

NAME INMAN, SAM
STREET ADDRESS 431 MERCURY DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE TD ☐ DELETE

NAME THURSTON, LEWIS
STREET ADDRESS 2532 WHISPER WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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.

SIGNATURE

Signature of Registered Agent: Charles O. Jefferson
Date: 3/2/98
Time: 8:50 AM
Address: 4114-4115

CR2E037 (10/97)