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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90052 041 \*\*\*\*61.25

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DOCUMENT # N94000003109

1. Corporation Name

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

Principal Place of Business

512 N. MACOMB STREET  
TALLAHASSEE FL 32304

Mailing Address

P.O BOX 38424  
TALLAHASSEE FL 32315-8424  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/23/1994

4. FEI Number

NOT APPLICABLE

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

JEFFERSON, CHARLES O  
2027 SKYLAND DRIVE  
TALLAHASSEE FL 32303

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

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 LAY, RICKY  
STREET ADDRESS P.O. BOX 2423 N/A  
CITY-ST-ZIP TALLAHASSEE FL 32316

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

VD  
Rodney Blankins  
1288 High Road  
Tallahassee, FL 32304

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:

*Charles O. Jefferson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Daytime Phone #

CR2E037 (11/98)