

# 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 # N94000003995 (7)**

1. Corporation Name

**MLK GRAND SUPREME SOUTHERN CHRISTIAN MASONS, INC**

**736 Orange Ave.**

**1701 Woodward Dr.**

Principal Place of Business

Mailing Address

**736 ORANGE AVENUE  
FT. PIERCE FL 34950  
US**

**MCDONALD, MICHAEL H  
1701 WOODWARD DR  
FT. PIERCE FL 34946  
US**



3. Date Incorporated or Qualified  
**08/15/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
**21 736 Orange Ave.**

2a. Mailing Address  
**26 1701 Woodward Dr.**

4. FEI Number  
**65-0508358**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00 May Be Added to Fees**

**23 Ft. Pierce, FL.**

**28 Ft. Pierce, FL.**

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

Zip  
**24 34948**

Country  
**25 St. Lucie**

Zip  
**29 34946**

Country  
**30 St. Lucie**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONALD, MICHAEL H  
1701 WOODWARD DR  
FT PIERCE FL 34946**

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 **Michael H. McDonald**

**3-26-1996**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MCBRIDE, MARVA**  
STREET ADDRESS **RT. 2 BOX 195 E**  
CITY-ST-ZIP **SALTERS SC 29590**

TITLE **D** ☐ DELETE  
NAME **BLACK, RONALD E**  
STREET ADDRESS **2009 YUKON**  
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE  
NAME **MCDONALD, MICHAEL H**  
STREET ADDRESS **1701 WOODWARD DR**  
CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE **D** ☐ DELETE  
NAME **MCDONALD, BERNICE D**  
STREET ADDRESS **1701 WOODWARD DR**  
CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE **D** ☐ DELETE  
NAME **MCBRIDE, JESSIE III**  
STREET ADDRESS **RT 2 BOX 195E**  
CITY-ST-ZIP **SALTERS SC**

TITLE **D** ☐ DELETE  
NAME **BLACK, CLIFTON G**  
STREET ADDRESS **2010 APT E 550 E. LAKE**  
CITY-ST-ZIP **TAMPA FL 33610**

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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: **Michael McDonald**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-1996**

CR2E037 (12/95)