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FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N94000003995 (7)**

1. Corporation Name

MLK GRAND SUPREME SOUTHERN CHRISTIAN MASON, INC

Principal Place of Business

Mailing Address

**736 ORANGE AVENUE
FT. PIERCE FL 34960
US****MCDONALD, MICHAEL H
1701 WOODWOOD DR
FT. PIERCE FL 34946
US**3. Date Incorporated or Qualified
08/15/19943a. Date of Last Report
04/05/19964. FEI Number
65-0508358Applied For
☐ Not Applicable5. 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

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

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

Signature typed, printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCBRIDE, MARVA**
CITY-ST-ZIP **RT. 2 BOX 195 E
SALTERS SC 29590**1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **MATTIE SHINE**
1.4 CITY-ST-ZIP **2010 E. LAKE APT. 550
TAMPA, FL 33610**TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BLACK, RONALD E**
CITY-ST-ZIP **2009 YUKON
TAMPA FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCDONALD, MICHAEL H**
CITY-ST-ZIP **1701 WOODWARD DR
FT PIERCE FL 34946**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCDONALD, BERNICE D**
CITY-ST-ZIP **1701 WOODWARD DR
FT PIERCE FL 34946**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCBRIDE, JESSIE III**
CITY-ST-ZIP **RT 2 BOX 195E
SALTERS SC**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BLACK, CLIFTON G**
CITY-ST-ZIP **2010 APT 550 E. LAKE
TAMPA FL 33610**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Michael H. McDonald

4/27/97 561-404-6859

CR2E037 (9/96)