

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34950 US	MCDONALD, MICHAEL H 1701 WOODWOOD DR FT. PIERCE FL 34946 US

3. Date Incorporated or Qualified	08/15/1994
4. FEI Number	65-0508358
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	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
MCDONALD, MICHAEL H 1701 WOODWARD DR FT PIERCE FL 34946

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D MCBRIDE, MARVA
STREET ADDRESS	RT. 2 BOX 195 E
CITY-ST-ZIP	SALTERS SC 29590
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BLACK, RONALD E
STREET ADDRESS	2009 YUKON
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MCDONALD, MICHAEL H
STREET ADDRESS	1701 WOODWARD DR
CITY-ST-ZIP	FT PIERCE FL 34946
TITLE	<input type="checkbox"/> DELETE
NAME	D MCDONALD, BERNICE D
STREET ADDRESS	1701 WOODWARD DR
CITY-ST-ZIP	FT PIERCE FL 34946
TITLE	<input type="checkbox"/> DELETE
NAME	D MCBRIDE, JESSIE W
STREET ADDRESS	RT 2 BOX 195E
CITY-ST-ZIP	SALTERS SC
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BLACK, CLIFTON G
STREET ADDRESS	2010 APTE 550 E. LAKE
CITY-ST-ZIP	TAMPA FL 33610

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dora Burns
2.3 STREET ADDRESS	422 N. 22 St.
2.4 CITY-ST-ZIP	Fort Pierce FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lambreth McBride
5.3 STREET ADDRESS	RT 2 BOX 203
5.4 CITY-ST-ZIP	Salters S.C. 29590
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John James
6.3 STREET ADDRESS	RT 2 BOX 196-A
6.4 CITY-ST-ZIP	Salters, S.C. 29590

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: *Michael H. McDonald* *Michael H. McDonald* 3/27/98

CR2E037 (10/97)