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05-19-1999 90028 033 *****8.75

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000003995

1. Corporation Name

MLK GRAND SUPREME SOUTHERN CHRISTIAN MASONS, INC

Principal Place of Business

736 ORANGE AVENUE
FT. PIERCE FL 34950
US

Mailing Address

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



2. Principal Place of Business

21 426 AVE. "A"

2a. Mailing Address

26 1701 WOODWARD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FT. PIERCE

27 FT. PIERCE, FL.

City & State

City & State

23 34948

28

Zip Country

Zip Country

24 25

29 34946

30

3. Date Incorporated or Qualified

08/15/1994

4. FEI Number

65-0508358

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

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

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

(NOTE: Registered Agent signature required when reinstating)

4/27/99
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 *S/D* D ☐ DELETE

NAME BURNS, CORA
STREET ADDRESS 422 N 22 ST
CITY-ST-ZIP FORT PIERCE FL

TITLE *P/D* D ☐ DELETE

NAME MCDONALD, MICHAEL H
STREET ADDRESS 1701 WOODWARD DR
CITY-ST-ZIP FT PIERCE FL 34946

TITLE *7/D* 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 MCBRIDE, LAMBRETH
STREET ADDRESS R12 BOX 203
CITY-ST-ZIP TAMPA FL 29598

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

JOSEPHINE JAMES
RTE. 2 BOX 196-A
SALTERS SC. 29590

2.1 TITLE D

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

JOHN JAMES
RTE. 2 BOX 196-A
SALTERS SC. 29590

3.1 TITLE *S/D*

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

RONALD J. BLACK
2009 E. YUKON
TAMPA, FL. 33604

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Michael H. McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

561-464-6859
Daytime Phone #

CR2E037 (1/98)