

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003995

1. Entity Name

MLK GRAND SUPREME SOUTHERN CHRISTIAN MASONS, INC

Principal Place of Business

426 AVE. "A"
FORT PIERCE FL 34949
US

Mailing Address

1701 WOODWARD DR.
FT. PIERCE FL 34946-5519
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0508358

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, MICHAEL H
1701 WOODWARD DR
FT PIERCE FL 34946

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

MICHAEL H. McDONALD
(NOTE: Registered Agent signature required when reinstating)

4/28/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JAMES, JOSEPHINE
STREET ADDRESS RTE 2 BOX 196-A
CITY-ST-ZIP SALTERS SC 29590

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JAMES, JOHN
STREET ADDRESS RTE. 2 BOX 196-A
CITY-ST-ZIP SALTERS SC 29590

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

MICHAEL H. McDONALD
Date 4/28/00 561 466-6431
Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91439 001 ****61.25
05-15-2000 91439 002 *****8.75
05-15-2000 91439 003 *****5.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)