

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-16-2001 90066 020 ****61.25

DOCUMENT # N95000000836

1. Entity Name

EASTERN STAR TEMPLE ASSOCIATION OF JACKSONVILLE

Principal Place of Business

35 PHELPS ST
JACKSONVILLE FL 32202

Mailing Address

13016 CHAMELEON DR
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

12320 MACAW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

Zip

Country

Zip

Country

32223

USA

4. FEI Number

59-2997116

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

Name

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

City

FL

Zip Code

**RAMSDELL, EDNA D
12320 MACAW DRIVE
JACKSONVILLE FL 32223**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**PD
MYERS, DON
11454 WOODSONG LOOP S
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

**PD
COLEMAN, SHERMAN'S
8208 BARRACUDA RD
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**ST
RAMSDELL, EDNA
12320 MACAW DRIVE
JACKSONVILLE FL 32223**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

**VICE PRESIDENT
ANNETTE MYERS
11454 WOODSONG LOOP S.
JACKSONVILLE, FL 32225**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2001

Date

Daytime Phone #

CR2E037 (10/00)