

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004983 (1)**

1. Corporation Name
ALPHA OMEGA 357 MASONIC STUDY CLUB, INC.



Principal Place of Business: 12235 NW 22ND AVENUE MIAMI FL 33167
Mailing Address: P.O. BOX 472545 MIAMI FL 33147

3. Date Incorporated or Qualified: 10/16/1995
3a. Date of Last Report: N/A
4. FEI Number: 65-0619125
5. Certificate of Status Desired: * Yes \$1.75 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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENTLEY, ARTHUR B
12235 NW 22ND AVENUE
MIAMI FL 33167

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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, Arthur B. Bentley, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Willie C Pitts* (NOTE: Registered Agent signature required when reinstating) ARTHUR B. BENTLEY, REGISTERED AGENT 2/20/96

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PITTS, WILLIE C	
STREET ADDRESS	184 NW 48TH ST	
CITY - ST - ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, WILLIE	
STREET ADDRESS	4521 NW 13TH PL	
CITY - ST - ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, CHARLES	
STREET ADDRESS	8340 NW 32ND CT	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, CLAUDE	
STREET ADDRESS	20 NE 45TH STREET	
CITY - ST - ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARISTIDE, GIBSON	
STREET ADDRESS	267 NE 142ND STREET	
CITY - ST - ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, PERCEL	
STREET ADDRESS	4 NE 45TH STREET	
CITY - ST - ZIP	MIAMI FL 33127	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Willie C Pitts* 1-31-96 635-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)