


FILE NOW: FILING FEE IS \$61.25

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**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90036 014 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005644**

1. Corporation Name  
**THE MEN OF SAINT LUKE LODGE NUMBER 530, INC.**

Principal Place of Business C/O LETRELL LEWIS 17520 N.W. 9 PLACE MIAMI FL 33169	Mailing Address C/O LETRELL LEWIS 17520 N.W. 9 PLACE MIAMI FL 33169
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/28/1995</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0621743</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent <b>LEWIS, LETRELL</b> <b>17520 N.W. 9 PLACE</b> <b>MIAMI FL 33169</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, CLARENCE E JR.</b>	1.2 NAME	
STREET ADDRESS	<b>18810 N.W. 44 COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, LETRELL</b>	2.2 NAME	
STREET ADDRESS	<b>17520 N.W. 9 PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN, AARON J</b>	3.2 NAME	
STREET ADDRESS	<b>660 N.W. 177 STREET, APT. 243</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KITTREL, TOMMY</b>	4.2 NAME	
STREET ADDRESS	<b>717 N.W. 109 AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZEIGLER, JOHN</b>	5.2 NAME	<b>Henderson, Johnny</b>
STREET ADDRESS	<b>18501 N.W. 22 COURT</b>	5.3 STREET ADDRESS	<b>2405 Fletcher St.</b>
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	5.4 CITY-ST-ZIP	<b>Hollywood, FL 33023</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, ANTHONY</b>	6.2 NAME	<b>Graham, Anthony</b>
STREET ADDRESS	<b>1421 N.W. 24 AVE.</b>	6.3 STREET ADDRESS	<b>1421 N.W. 24 Ave</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33311</b>	6.4 CITY-ST-ZIP	<b>Ft. Laud, FL 33311</b>

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: *Aaron J Griffin* **SIGNATURE REQUIRED** 3/19/99 (305)651-6679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)