

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000005644

1. Entity 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**



03142005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0621743

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, LETRELL
17520 N.W. 9 PLACE
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	LEWIS, LETRELL
STREET ADDRESS	17520 N.W. 9 PLACE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	DS
NAME	GRIFFIN, AARON J
STREET ADDRESS	660 N.W. 177 STREET, APT. 243
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	KITTREL, TOMMY
STREET ADDRESS	717 N.W. 109 AVENUE
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	P
NAME	HENDERSON, JOHNNY
STREET ADDRESS	2405 FLETCHER STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	D
NAME	GRAHAM, ANTHONY
STREET ADDRESS	1421 N.W. 24 AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	BROWN, CHARLES
STREET ADDRESS	15810 E BUNCHE PARK DRIVE
CITY-ST-ZIP	MIAMI, FL 33054

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03/17/05-80059-013 61.25

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IN THIS SPACE**

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

3-15-5 305-6211325

Date

Daytime Phone #