

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90256 018 ****61.25

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DOCUMENT # N96000000114

1. Corporation Name

THE INTERNATIONAL MASONS AND ORDER OF EASTERN ST
ARS BUILDING AND CHARITABLE ASSOCIATION OF ST. P

Principal Place of Business

855 13TH AVENUE SOUTH
ST. PETERSBURG FL 33701

Mailing Address

3500 28TH AVENUE S.
ST. PETERSBURG FL 33711



2. Principal Place of Business

21 855 13th Ave. So.
Suite, Apt. #, etc.

2a. Mailing Address

26 3500 28th Ave. So.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

58-3136728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

23 St. Pete. FL

City & State

28 St. Petersburg FL

Zip

24 33701

Country

25 Pinellas

Zip

29 33711

Country

30 Pinellas

9. Name and Address of Current Registered Agent

HAYES, CHRISTINE W
3500 28TH AVENUE S.
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
KELLY, JAMES E
STREET ADDRESS 850 NEWTON AVENUE S.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME T
HAYES, CHRISTINE W
STREET ADDRESS 3500 28TH AVENUE S.
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE ☐ DELETE

NAME T
DAVIS, THELMA
STREET ADDRESS 2425 HIGHLAND STREET S.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME T
TURNER, JAMES
STREET ADDRESS 1048 26TH AVENUE S.
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED Christine W. Hayes 5-11-99 727 867-1218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)