

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000000114**

1. Entity Name  
**THE INTERNATIONAL MASONS AND ORDER OF  
EASTERN STARS 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**



08102004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**58-3136728**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

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

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 Christine W. Hayes

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

(NOTE: Registered Agent signature required when reinstating)

8-10-04  
DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
TURNER, JAMES  
1048 28TH AVENUE S.  
ST. PETERSBURG, FL 33701**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000170353  
08/18/04-80002-024 61.25

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: Christine W. Hayes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-04

Date

Daytime Phone #