2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000114

Apr 27, 2009 Secretary of State

Entity Name: THE INTERNATIONAL MASONS AND ORDER OF EASTERN STARS BUILDING AND CHARITABLE

ASSOCIATION OF ST. PETERSBURG, INC.

Current Principal Place of Business: New Principal Place of Business:

855 13TH AVENUE SOUTH ST. PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

3500 28TH AVENUE S ST.PETERSBURG, FL 33711

FEI Number: 58-3136728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYES, CHRISTINE W 3500 28TH AVENUE S.

ST. PETERSBURG, FL 33711 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition KELLY, JAMES E Name: Name:

Address: 850 NEWTON AVENUE S. Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip:

Title: Title: () Delete () Change () Addition

Name: HAYES, CHRISTINE W Name: Address: 3500 28TH AVENUE S. Address: City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip:

Title: () Delete Title: () Change () Addition

DAVIS, THELMA Name: Name: 2425 HIGHLAND STREET S. Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: KITTLES, WILLIE T Name: 2487 LYNN LAKE CIRCLE SO. Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE HAYES Τ 04/27/2009