

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000001616 (8)**

1. Corporation Name

**MOST WORSHIPFUL PRINCE HALL AF AND AM GRAND COMM
ANDERY OF MAGNANIMOUS ORDER OF KNIGHTS TEMPLARS**

Principal Place of Business

Mailing Address

**5214 LETHA STREET
ORLANDO FL 32811**

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ORLANDO FL 32811**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

99-3492679

☒ Applied For
☐ Not Applicable

2. Principal Place of Business
21 Same As Above

2a. Mailing Address
26 Same As Above

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

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROLLINS, AL SIR KN.
5214 LETHA STREET
ORLANDO FL 32811**

81 Name
Same

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **P= Al Rollins** ☐ Change ☐ Addition
1.2 NAME **5214 Letha St.**
1.3 STREET ADDRESS **Orlando, FL 32811**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **V= John Evans** ☐ Change ☐ Addition
2.2 NAME **1011 W. 2nd St.**
2.3 STREET ADDRESS **Riviera Beach, FL 33404**
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **S= Alfred Postell** ☐ Change ☐ Addition
3.2 NAME **1040 Lincoln Terrance**
3.3 STREET ADDRESS **Winter Garden, FL 34789**
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **T= Lafayette Dowdell** ☐ Change ☐ Addition
4.2 NAME **31115 Westchester Ave.**
4.3 STREET ADDRESS **Mt. Plymouth, FL 32776**
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **200002438012-1** ☐ Change ☐ Addition
5.2 NAME **-02/23/98-01106-002**
5.3 STREET ADDRESS ******192.50 ****70.00**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE: **Al Rollins**

2-23-98 4071298-2864

CR2E037 (10/97)