2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700001616 1. Entity Name							FIL	ED STAT	F
MOST WORSHIPFUL PRINCE HALL AF AND AM GRAND COMM						SECRETARY OF STATE			
Principal Place of Business Mailing Address						01 APR 3 PM 12:51			
,							-		
5214 LETHA STREET ORLANDO FL 32811 5214 LETHA STREET ORLANDO FL 32811									
O Dringin I D	Near of During	10 Heren Address							
2. Principal Place of Business 2815 LAKE SUNSET DD 2815 LAKE			Sunset on.				418 (0 3)) (04)(2043) (02)(104)		
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State ONLANDO, FL				4. FEI Number	59-3492679		Applied For Not Applicable
Zip 328 05		32805		intry SA		5. Certificate of	of Status Desired	\$8.75 / Fee Requ	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New Registe	ered Agent 🥆	
	-			Name	LONG	z. HENR	YTH SIR	KNIGh	<i>A</i>
ROLLINS, AL SIR KN.						O. Box Number	is Not Acceptable)		
5214 LETHA STREET ORLANDO FL 32811				2815 LAKE SUNSET DR					
ONE-NEO 1 E 32811				City ONCANDO, FL Zip Code 32805					
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or	r registered	d agent, or both	, in the state of Florida.		
SIGNATURE .	Six Kright	and title if applicable. (NOK	L	ng j	III				
	Signature, typed or printed name of egistered agent	and the II applicable. (NOTE	- negistere	A gent signati	ure required wi	hen reinstating)		ATE	
FILE NOW: 9. Election Campain FEE IS \$61.25 Trust Fund Contr								eck Payable nent of State	
10	OFFICERS AND DIF	RECTORS	11.	 	AD	DITIONS/CHA	NGES TO OFFICERS AN	D DIRECTORS	IN 10
TITLE	PD	Delete	TITLE	Paes	CTRA	ND EMI	MINENT COM	n 1 de Chang	e 🗖 Addition 8
NAME CIDECT ADDRESS	ROLLINS, AL		NAME	E ' ') Et address	28/5	LAKESI MOGFL	WSET DR. <	HENRY C	ong
STREET ADDRESS CITY-ST-ZIP	5214 Letha St. Orlando fl 32811			-ST-ZIP	DICEA	MUG TC	32803		
TITLE	VD	Delete	TITLE	VΡ	CIENE	ENLISSIMO		Chang	e
NAME	EVANS, JOHN		NAME	~_·	STEV	IE REE	VES	7 '	_
STREET ADDRESS	1011 W. 2ND ST.			ET ADDRESS		MALBE			}
CITY-ST-ZIP TITLE	RIVIERA BEACH FL 33404	Delete		-ST-ZIP		HUDO, FL AIN GEL			a Dadista
NAME.	POSTELL, ALFRED	- Luciete _	NAME	Tres-		cton Lo		EX Chang	e Addition
STREET ADDRESS	1040 LINCOLN TERRACE		STREE	ET ADDRESS		. —	unser on		[
CITY-ST-ZIP	WINTER GARDEN FL 34789		CITY-	-ST-ZIP			L 32805		
TITLE NAME	TD Dowdell, lafayette	🚨 Delete	TITLE	Segy		LATE		Chang	e 🗌 Addition
STREET ADDRESS	31115 WESTCHESTER AVE.			ET ADDRESS	5219	y Leath	a st		}
CITY-ST-ZIP	MT. PLYMOUTH FL 32776		CITY-	-ST-ZIP		ANDO, FO			
TITLE		Delete	TITLE		_			☐ Chang	
NAME STREET ADDRESS			NAME	I		31	000395	2923	.001
CITY-ST-ZIP				ET ADDRESS -ST-ZIP			-04/03/01- *****61.2	<u>に *****</u> 01025	61.25
TITLE		□ Delete	TITLE				Andrew T. F. C.	<u>`</u> Change	
NAME			NAME					1	
STREET ADORESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				<i>A</i>	lD
12. Thereby co	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for t true and accurate and that m	the even	nntion state	ed in Secti ave the sar	ion 119.07(3)(i), me legal effect	Florida Statutes. I furthe as if made under oath; th	r certify that the	e information er or director

2. Thereby certily that the information supplied with this filing does not quality 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 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

4-3-01

407-298-2867

Daytime Phone