

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 # **N97000004704 (9)**

1. Corporation Name

**MOST WORSHIPFUL PRINCE HALL GRAND LODGE ANCIENT
FREE AND ACCEPTED MASON OF FLORIDA AND JU**

Principal Place of Business

Mailing Address

**1040 LINCOLN TERRANCE STREET
WINTER GARDEN FL 34787**

**1040 LINCOLN TERRANCE STREET
WINTER GARDEN FL 34787**

FILED

98 FEB 23 PM 2:43



2. Principal Place of Business	2a. Mailing Address
21 227 Tenth (10) ST.	26 P.O. Box 2435
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Winter Garden	28 City & State Edgewater FL
24 Zip 34787	29 Zip 32757
25 Country ORANGE	30 Country ORANGE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

59-3492679

☒ 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**

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

9. Name and Address of Current Registered Agent

**KEGLER, BENNIE L
6591 KREIDT DR.
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name **Bobby J. Hunter, SR.**

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

309 AMADOR CIR

83

84 City **ORLANDO**

FL

85 Zip Code **32810**

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 **Bobby J. Hunter, Sr.**

(NOTE: Registered Agent signature required when reappointing)

2-23-98

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P HUNTER, BOBBY
STREET ADDRESS	309 AMADOR CIRCLE
CITY - ST - ZIP	ORLANDO FL 32810
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP COATES, BOOKER T
STREET ADDRESS	1040 LINCOLN TERRACE
CITY - ST - ZIP	WINTER GARDEN FL 34787
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T DOWDELL, LAFAYETTE
STREET ADDRESS	3115 WESTCHESTER AVE.
CITY - ST - ZIP	MT. PLYMOUTH FL 32776
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S KEGLER, BENNIE L
STREET ADDRESS	6591 KREIDT DR.
CITY - ST - ZIP	ORLANDO FL 32818
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PR. Hunter Bobby J. Sr.
1.3 STREET ADDRESS	309 AMADOR CIR
1.4 CITY - ST - ZIP	ORLANDO FL 32810
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Coates, Booker T
2.3 STREET ADDRESS	1040 LINCOLN TERRACE
2.4 CITY - ST - ZIP	WINTER GARDEN FL 34787
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Dowdell, Lafayette
3.3 STREET ADDRESS	3115 WESTCHESTER AVE.
3.4 CITY - ST - ZIP	MT. PLYMOUTH FL 32776
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SKesler, Bennie L.
4.3 STREET ADDRESS	6591 Kreidt Dr.
4.4 CITY - ST - ZIP	ORLANDO, FL 32818
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600002438056-4
5.3 STREET ADDRESS	-02/23/98--01106--003
5.4 CITY - ST - ZIP	*****70.00 *****70.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	2-23-98
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: **Bobby J. Hunter, Sr.** **2-23-98** **660-8775**

CR2E037 (10/97)