NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004704

1. Entity Name
MOST WORSHIPFUL PRINCE HALL GRAND LODGE ANCIENT FREE & ACCEPTED MASONS OF FLORIDA & JURISDICTION INC. (A.F. & A.M.)

FILED
02 DEC -3 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4744 Marbello Blvd	4744 Marbello Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando,	City & State: Florida
Zip: 32811 Country: USA	Zip: 32811 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593492679 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

Per Mr. Steve Reeves authorize changes 12/16/02

7. Name and Address of Current Registered Agent

Name: STeve Reeves

Street Address (P.O. Box Number is Not Acceptable): 4744 Marbello BlvD

City: ORlandO FL Zip Code: 32811

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.

SIGNATURE: Steve Reeves (Grand Master)(President) 11/16/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE Pres.	PRESIDENT	TITLE	
NAME	STeve Reeves	NAME	
STREET ADDRESS	4744 Marbello Blvd.	STREET ADDRESS	300009440633
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	12/10/02--01079--007 **61.25
TITLE VP	VP Pres.	TITLE	
NAME	Bobby J. Hunter SR	NAME	
STREET ADDRESS	309 AMADOR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	
TITLE T.O	T.O.	TITLE	
NAME	Sam DENMARK	NAME	
STREET ADDRESS	7600 AVIANO AVE	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	ORLANDO, FL. 32819	CITY-ST-ZIP	
TITLE VS.O	S.O	TITLE	**IN THIS SPACE**
NAME	JOHNNIE JONES	NAME	
STREET ADDRESS	5834 PARADISE LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL. 32808	CITY-ST-ZIP	
TITLE S.O	DENNIS BELL	TITLE	
NAME	2413 MYAKKA DR.	NAME	
STREET ADDRESS	ORLANDO, FL 32839	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Steve Reeves Grand 11/16/02 407-422-2861