

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 27 PM 2:07

DOCUMENT # N97000004704



1. Entity Name  
MOST WORSHIPFUL PRINCE HALL GRAND LODGE  
ANCIENT FREE AND ACCEPTED MASON OF  
FLORIDA AND JU

Principal Place of Business  
1040 LINCOLN TERRACE  
WINTER GARDEN, FL 34787

Mailing Address  
1040 LINCOLN TERRACE  
WINTER GARDEN, FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3492679

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COATES, BOOKER T  
1040 LINCOLN TERRACE  
WINTER GARDEN, FL 34787

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME COATES, BOOKER T  
STREET ADDRESS 1040 LINCOLN TERRACE  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE VD ☐ Delete  
NAME ROLLINS, AL  
STREET ADDRESS 5214 LETHA ST  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE TD ☐ Delete  
NAME DOWDELL, LAFAYETTE  
STREET ADDRESS 3115 WESTCHESTER AVE  
CITY-ST-ZIP MT PLYMOUTH, FL 32776

TITLE SD ☐ Delete  
NAME KEGLER, BENNIE L  
STREET ADDRESS 6591 KREIDT DR  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 200035732742  
STREET ADDRESS 05/07/04--01015--023 \*\*70.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if 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

4/27/04

Date

Daytime Phone #