


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004704						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">05 APR 26 AM 10:13</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
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	
6. Name and Address of Current Registered Agent COATES, BOOKER T 1040 LINCOLN TERRACE WINTER GARDEN, FL 34787				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$61.25 Due by May 1, 2005 </div> <div style="width: 30%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> <div style="width: 10%;"> Make check payable to Florida Department of State </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COATES, BOOKER T 1040 LINCOLN TERRACE WINTER GARDEN, FL 34787			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROLLINS, AL 5214 LETHA ST ORLANDO, FL 32811			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOWDELL, LAFAYETTE 3115 WESTCHESTER AVE MT PLYMOUTH, FL 32776			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEGLER, BENNIE L 6591 KREIDT DR ORLANDO, FL 32818			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: *Booker T Coates*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05
Date

Daytime Phone #



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3492679 Applied For Not Applicable

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

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05/10/05--01039--028 **61.25

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