

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 30 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302007 Chg-NP CR2E037 (12/06) 07

<b>DOCUMENT # N97000004704</b> 1. Entity Name <b>MOST WORSHIPFUL PRINCE HALL GRAND LODGE ANCIENT FREE AND ACCEPTED MASON OF FLORIDA AND JU</b>					
Principal Place of Business <b>1040 LINCOLN TERRACE WINTER GARDEN, FL 34787</b>			Mailing Address <b>1040 LINCOLN TERRACE WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip                      Country			City & State  Zip                      Country		
4. FEI Number <b>59-3492679</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COATES, BOOKER T 1040 LINCOLN TERRACE WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-weight: bold;">600102236616</div> <div style="text-align: center;">05/14/07--01008--019 **70.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEGLER, BENNIE L 6591 KREIDT DR ORLANDO, FL 32818 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>4/30/07</b>				Daytime Phone #	