

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0061616

DOCUMENT # N97000004704

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 10 PM 12:44

Principal Place of Business
**1040 LINCOLN TERR
WINTER GARDEN FL 34787**

Mailing Address
**1040 LINCOLN TERR
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

4. FEI Number **59-3492679**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COATES, BOOKER T
1040 LINCOLN TERR
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: *Booker T Coates*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **VD** ☒ Delete
NAME **HUNTER, BOBBY J SR**
STREET ADDRESS **309 AMADOR CIRC**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **VD** ☐ Change ☒ Addition
NAME **AL ROLLINS**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Booker T Coates* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

CR2E037 (10/02)