

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90812 001 \*\*\*\*61.25  
04-03-2006 90812 002 \*\*\*\*\*8.75

**DOCUMENT # N98000005710**

1. Entity Name

**UNITED FREE MASONS OF THE WORLD INC.**



Principal Place of Business

1100 NE 125 STREET  
SUITE #105  
MIAMI FL 33167  
US

Mailing Address

1100 NE 125 STREET  
SUITE #105  
MIAMI FL 33167  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0869065**

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

**DOCTEUR, DALES**  
**8025 NW 198 TERR**  
**MIAMI FL 33015**

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ALCINDOR, ANTOINE C  
12730 NW 18 COURT  
MIAMI FL 33167 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MICHEL, AROLD J  
737 NE 127 STREET  
MIAMI FL 33161 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BAPTISTE, JEAN CLAUDE J  
6304 NW 1ST PLACE  
MIAMI FL 33150 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HERCULE, JULIEN M  
45 N.W. 124 STREET  
MIAMI FL 33168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOSEPH, THOMAS  
1190 NW 124 STREET  
N MIAMI FL 33168 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VIELOT, HAROLD  
2110 NW 192 TERR  
MIAMI FL 33056 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LEBUY BALTHAZAR** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D ANDRE LEONARD** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D GEORGE MERISIER** ☐ Change ☐ Addition  
**911 NW 142 Street**  
**MIAMI, FLA. 33167**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D MARIO DUPERVAL** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D INAVY N. JOSEPH** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D DALES Docteur** ☐ Change ☐ Addition  
**8025 N.W. 198 Terr**  
**MIAMI, FLA. 33015**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: **Antoine C. Alcindor** / **ANTOINE C. ALCINDOR** 3/13/06 305-2445507