

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005710

FILED
Mar 29, 2009
Secretary of State

Entity Name: UNITED FREE MASONS OF THE WORLD INC.

Current Principal Place of Business:

1100 NE 125 STREET
SUITE #105
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

1100 NE 125 STREET
SUITE #105
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-0869065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALCINDOR, ANTOINE C
Address: 12730 NW 18 COURT
City-St-Zip: MIAMI, FL 33167

Title: V () Delete
Name: MICHEL, AROLD J
Address: 737 NE 127 STREET
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: BAPTISTE, JEAN CLAUDE J
Address: 6304 NW 1ST PLACE
City-St-Zip: MIAMI, FL 33150

Title: S () Delete
Name: HERCULE, JULIEN M
Address: 45 N.W. 124 STREET
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: JOSEPH, THOMAS
Address: 1190 NW 124 STREET
City-St-Zip: N MIAMI, FL 33168

Title: D () Delete
Name: VIELOT, HAROLD
Address: 2110 NW 192 TERR
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALES DOCTEUR

OFF

03/29/2009

Electronic Signature of Signing Officer or Director

Date