

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004749

Entity Name: PHOENIXMASONRY, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

504 PLANTATION DR.
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 854
HAVANA, FL 32333

New Mailing Address:

FEI Number: 59-3594071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETTELIER, DAVID J
504 PLANTATION DR.
HAVANA, FL 32333 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: PD () Delete
Name: LETTELIER, DAVID J
Address: 504 PLANTATION DR.
City-St-Zip: HAVANA, FL 32333

Title: VSD () Delete
Name: STOTLER, JERRY E
Address: 2100 FAIRWAY DR.
City-St-Zip: DODGE CITY, KS 678012909

Title: VTD () Delete
Name: GREENE, HARRY
Address: 1341 MONTEREY BLVD, N.E.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D () Delete
Name: KARPOS, VASIL
Address: 1220 E. SANDRA CIRCLE
City-St-Zip: SALT LAKE CITY, UT 84121

Title: D () Delete
Name: KARPOS, VICTORIA
Address: 1220 E. SANDRA CIRCLE
City-St-Zip: SALT LAKE CITY, UT 84121

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
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: DAVID J. LETTELIER

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date