2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N99000007657

Entity Name: KNIGHTS LODGE #7 FREE AND ACCEPTED MASONS THIRTY THIRD AND LAST DEGREE ANCIENT AND ACCEPTED SCOTTISH RITE FREE MASONRY AND ORDER OF EASTERN STAR, INC.

Current Principal Place of Business:

17 ROLLINS AVE
ST AUGUSTINE, FL 32095

New Principal Place of Business:

Current Mailing Address:

17 ROLLINS AVE
ST AUGUSTINE, FL 32095

New Mailing Address:

FEI Number: 59-3621762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERSON, WILBER C SR
17 ROLLINS AVE
ST AUGUSTINE, FL 32095 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: PCD ( ) Delete
Name: LYONS, JOHN JR
Address: 1037 HELEN ST
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VD ( ) Delete
Name: ROBERSON, WILBER C SR
Address: 17 ROLLINS AVE
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: WESLEY, JAMES
Address: 1760 LIGHTSEY RD.
City-St-Zip: AUGUSTINE, FL 32024

Title: S ( ) Delete
Name: JONES, VIRGIL S
Address: 6340 BROUGH RD
City-St-Zip: ELKTON, FL 32033

Title: TD ( ) Delete
Name: ANDERSON, TONY
Address: 247 LAGUNA CT
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: LYONS, JOHN JR
Address: 680 N. CLAY ST.
City-St-Zip: ST AUGUSTINE, FL 32084

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: JOHN LYONS,JR. PCD 04/10/2009

Electronic Signature of Signing Officer or Director — Date