2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703869

Entity Name: BETHLEHEM GRAND CHAPTER ORDER OF EASTERN STAR

OF FLORIDA AND JURISDICTION, P.H.A., INC

Apr 01, 2024 Secretary of State 3640599747CC

FILED

Current Principal Place of Business:

12919 OAKLAND HILLS COURT JACKSONVILLE, FL 32225

Current Mailing Address:

P O BOX 41952

JACKSONVILLE, FL 32203 US

FEI Number: 31-1745501 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MATHIS, DENISE S 12919 OAKLAND HILLS COURT JACKSONVILLE, FL 32225 US

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: DENISE S MATHIS 04/01/2024

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO, CHAIRMAN Title DIRECTOR

Name SHANNON, ELVERA R Name EDDIE, LA'MICHAEL V

Address P O BOX 41952 Address P O BOX 41952

City-State-Zip: JACKSONVILLE FL 32203 City-State-Zip: JACKSONVILLE FL 32203

VC Title **DIRECTOR** Title

MCCOY, TRIAND Name WOMBLE, BEATRICE D Name Address P O BOX 41952 Address P O BOX 41952

City-State-Zip: JACKSONVILLE FL 32203 City-State-Zip: JACKSONVILLE FL 32203

Title CFO Title DIRECTOR, ACTING COO

Name ARLINE, CONNIE Name MATHIS, DENISE S Address P O BOX 41952 Address 12919 OAKLAND HILLS COURT

City-State-Zip: JACKSONVILLE FL 32203 City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR Title CHIEF INFORMATION OFFICER Name CURE, MARY V YOUNG, ALICE L Name Address P O BOX 41952 Address P O BOX 41952

City-State-Zip: JACKSONVILLE FL 32203 JACKSONVILLE FL 32203 City-State-Zip:

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I hereby 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 all other like empowered.

SIGNATURE: DENISE S MATHIS

Electronic Signature of Signing Officer/Director Detail

DIECTOR, ACTING COO

04/01/2024

Officer/Director Detail Continued:

Title DIRECTOR

Name GROSS, PORTIA Y

Address P O BOX 41952

City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR

Name WASHINGTON, ROBERTA

Address P O BOX 41952

City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR

Name CHARLES, LAMOND

Address P O BOX 41952

City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR

Name REV DR SIMMONS, LIZZIE

Address P O BOX 41952

City-State-Zip: JACKSONVILLE FL 32203

Title DIRECTOR

Name REV AUSTIN, EDITH HOLIDAY

Address P O BOX 41952

City-State-Zip: JACKSONVILLE FL 32203