

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000967

FILED
Feb 08, 2017
Secretary of State
CC5922729766

Entity Name: MALTA TEMPLE #143, INC. (PRINCE HALL SHRINERS)

Current Principal Place of Business:

420 SOUTH TAMPA AVENUE
ORLANDO, FL 32805

Current Mailing Address:

P. O. BOX 550177
ORLANDO, FL 32855 US

FEI Number: 27-2562506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, FREDDIE
524 PAULING DRIVE
LEESBURG , FL 34748 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: FREDDIE MILLER

02/08/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name MILLER , FREDDIE
Address 524 PAULING DRIVE
City-State-Zip: LEESBURG FL 34748

Title P
Name ADAMS , ARTIS JR.
Address 4468 GOLDENRAIN COURT
City-State-Zip: ORLANDO FL 32808

Title SECRETARY
Name DAVIS, JAMAAL
Address 3375 FITZGERALD DRIVE
City-State-Zip: ORLANDO FL 32805

Title TREA
Name DUNDAS, RONALD
Address 380 MICANOPY COURT
City-State-Zip: CASSELBERRY FL 32707

Title DIRECTOR
Name BARNES , FRANK R
Address 533 VEREEN DR.
City-State-Zip: EATONVILLE FL 32751

Title VC
Name BROWN, CHARLES
Address P. O. BOX 955
City-State-Zip: FRUITLAND PARK FL 34731

Title TRUSTEE
Name BROWN , CLINTON
Address 940 DOUGLAS AVE.
APT. #119
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CO-TRUSTEE
Name CARTER , JERRY
Address 13854 MORNING FORST DRIVE
City-State-Zip: ORLANDO FL 32828

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: JAMAAL DAVIS

RECORDER

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date