2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006795

FILED Apr 30, 2007 Secretary of State

Entity Name: MASONIC HOME OF MISSOURI, INCORPORATED

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	ONIC DRIVE				
SUITE A COLUMBI	A, MO 65202				
	lailing Addres	s:	New Maili	ng Address:	
	ONIC DRIVE				
SUITE A	A, MO 65202				
	: 43-0653370	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
lame and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
200 SOU	PORATION SYS ITH PINE ISLAN ION, FL 33324	ND ROAD			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
FFICER	S AND DIREC	ΓORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: city-St-Zip:	NATIONS, JOHN	R FORTY ROAD, SUITE 300	Title: Name: Address: City-St-Zip:	C (X) Change () Addition BERGER, M. ROBERT 14181 WOODS MILL COVE DRIVE ST. LOUIS, MO 63107	
itle: lame: ddress: ity-St-Zip:	BERGER, M. RO	MILL COVE DRIVE	Title: Name: Address: City-St-Zip:	P (X) Change () Addition AUSTIN, BRUCE R 603 N. MAIN ROAD CHARLESTON, MO 63834	
itle: lame: ddress: :ity-St-Zip:	VP () AUSTIN, BRUCE 603 N. MAIN RC CHARLESTON,	DAD	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition WEAVER, ROCKY E 708 WOODLAND CIRCLE GRAIN VALLEY, MO 64029	
	TRIPI, AMY	Delete WAY COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: lddress: City-St-Zip:	O'FALLON, MO	03300			
lame: .ddress:	O'FALLON, MO	Delete KY E D CIRCLE	Title: Name: Address: City-St-Zip:	T (X) Change () Addition FETTER, DENNIS E 101 E. DONALDSON DRIVE ST. LOUIS, MO 63129	

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: KARIN BELL D 04/30/2007