


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **725705** (8)

1. Corporation Name
**SUPREME GRAND LODGE WORLD TRAVEL ANCIENT FREE AN
D ACCEPTED MASONS, SCOTTISH RITE AFFILIATION, IN**

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 5921 CRYSTAL BELL AVENUE JACKSONVILLE FL 32208 | 5921 CRYSTAL BELL AVENUE JACKSONVILLE FL 32208 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/02/1973 | 3a. Date of Last Report 03/25/1996 |
|--|--|

| | | | |
|--|--|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-1538178 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 21 5921 CRYSTAL BELL AVE | 26 5921 CRYSTAL BELL AVENUE | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 City & State JACKSONVILLE FLORIDA | 28 City & State JACKSONVILLE FLORIDA | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 Zip 32208 | 25 Country U.S.A. | 29 Zip 32208 | 30 Country U.S.A. |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| GARVIN, ALEX REV. 5921 CRYSTAL BELL AVE. JACKSONVILLE FL 32208 | 81 Name REV: ALEX GARVIN |
| | 82 Street Address (P.O. Box Number is Not Acceptable) 5921 CRYSTAL BELL AVE |
| | 83 |
| | 84 City JACKSONVILLE FL 85 Zip Code 32208 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOWENS, STANLEY T. | 1.2 NAME | ALEX T. GARVIN |
| STREET ADDRESS | 4282 KEY ADAM DRIVE | 1.3 STREET ADDRESS | 8904 W. 5TH AVE |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | JAX, FL 32208 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUWARD, ANTHONY | 2.2 NAME | |
| STREET ADDRESS | 1889 NOST HILLS RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DERRY, JAMES | 3.2 NAME | |
| STREET ADDRESS | 8508 N. KING RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARION, LEVI D | 4.2 NAME | |
| STREET ADDRESS | 1802 COVE LANDING DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rev Alex Garvin** 4-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077364

CR2E037 (9/96)