

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10060 (7)

1. Corporation Name
MOUNT EWELL LODGE NO. 131 FREE AND ACCEPTED MASO NS OF FLORIDA

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/30/1992
4. FEI Number 59-1390422
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

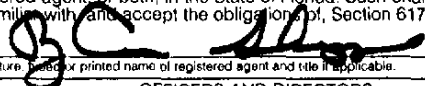
9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL**

10. Name and Address of New Registered Agent

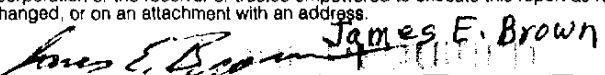
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **2/13/98**

12. OFFICERS AND DIRECTORS		13. AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
WMD	PARKER, JOHN HARTWELL	WORSHIPFUL MASTER (D)	Robert Vivian Erdman
STREET ADDRESS	P.O. BOX 249 N/A	1.3 STREET A	1182 Country Living Rd
CITY-ST-ZIP	HOLT FL 32564	1.4 CITY-ST	Baker FL 32531
TITLE	JWD	2.1 TITLE	SECRETARY (D)
NAME	ADAMS, ROY	2.2 NAME	James Edward Brown
STREET ADDRESS	4605 JOSEPH COOK ROAD	2.3 STREET A	1262 Sexton Dr
CITY-ST-ZIP	HOLT FL 32564	2.4 CITY-ST	Baker FL 32531
TITLE	D	3.1 TITLE	SENIOR WARDEN (D)
NAME	HILTON, WALTER K	3.2 NAME	Larry M Cunningham
STREET ADDRESS	5101 GALLIVER CUT-OFF	3.3 STREET	7558 Red Barrow Road
CITY-ST-ZIP	BAKER FL	3.4 CITY-S	Baker FL 32531
TITLE	TD	4.1 TITLE	JUNIOR WARDEN (D)
NAME	THAMES, MARION E	4.2 NAME	John Pickens Gates
STREET ADDRESS	8351 THAMES ROAD	4.3 STREET	6145 W Dogwood Dr
CITY-ST-ZIP	BAKER FL 32531	4.4 CITY-S	Crestview FL 32536
TITLE	SD	5.1 TITLE	TREASURER (D)
NAME	HART, WILLIAM DEAN	5.2 NAME	Marion Eudon Thames
STREET ADDRESS	5244 GRIFFITH MILL RD	5.3 STREET	8351 Thames Road
CITY-ST-ZIP	BAKER FL 32531-9801	5.4 CITY-S	Baker FL 32531
TITLE	D	6.1 TITLE	
NAME	ERDMAN, ROBERT V	6.2 NAME	
STREET ADDRESS	1182 COUNTRY LIVING RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAKER FL	6.4 CITY-ST-ZIP	

14. I 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:  DATE **2-24-98** 904-354-2339

CR2E037 (10/97)