

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. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10153 (0)
1. Corporation Name
IONIC LODGE NO. 101 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-0383803	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 32202	
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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
	FL

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]* DATE **2/13/98**
Signature of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	WMD <input type="checkbox"/> DELETE
NAME	RAGSDALE, MARVIN A
STREET ADDRESS	6030 W. GEORGEWOOD LANE
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	SD <input type="checkbox"/> DELETE
NAME	HENRY DONALD NELSON
STREET ADDRESS	126 SERENITY DR.
CITY-ST-ZIP	MELROSE FL
TITLE	SWD <input type="checkbox"/> DELETE
NAME	LEFAVE, STEPHEN U
STREET ADDRESS	1427 BELVEDERE AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32205-7944
TITLE	MD <input type="checkbox"/> DELETE
NAME	COLLER, JACK A
STREET ADDRESS	8730 WATERFRONT TER
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ZIMMERMAN, LEON
STREET ADDRESS	RT 4 BOX 7320
CITY-ST-ZIP	HILLIARD FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	JOSEPH RONALD JOHNSON
STREET ADDRESS	6419 DOR MIL COURT
CITY-ST-ZIP	JACKSONVILLE FL

13.	WORSHIPFUL MASTER (D)	95 AND DIRECTORS IN 12
1.1	Patrick Leflore McBride	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	2831 Post St.	
1.3	Jacksonville FL 32205	
1.4		
2.1	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	Jack Allen Collier	
2.3	8730 Waterfront Ter	
2.4	Jacksonville FL 32217	
3.1	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	Harold Anthony Fry	
3.3	3203 Lake Shore Blvd	
3.4	Jacksonville FL 32210	
4.1	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	William Lane Watson	
4.3	9719 Orr Court North	
4.4	Jacksonville FL 32216	
5.1	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	Ralph Edward Dooley	
5.3	5254 Cluster Oaks Ct.	
5.4	Jacksonville FL 32258	
6.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2		
6.3		
6.4		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jack A. Collier* **JACK A. COLLIER** 05 MARCH 1998 (944) 632-0200

CR2E037 (10/97)