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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

DOCUMENT # C10156 (3)
1. Corporation Name
MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASON
S OF FLORIDA



Principal Place of Business Mailing Address
C/O ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified 06/30/1992
4. FEI Number 59-1381586 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 obligations of Section 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE 2/13/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME SHAFER, MARK N JR
STREET ADDRESS 30 NE 47TH PLACE
CITY-ST-ZIP Ocala FL 34475
TITLE D [] DELETE
NAME KING, LESTER A JR
STREET ADDRESS 5138 S.E. 14TH PLACE
CITY-ST-ZIP Ocala FL 34471
TITLE D [] DELETE
NAME HENDERSON, TERRY L
STREET ADDRESS 3450 S.E. 51ST AVE
CITY-ST-ZIP Ocala FL 34471-3387
TITLE TD [] DELETE
NAME WILSON, PAUL E JR
STREET ADDRESS 604 SE 51ST AVE
CITY-ST-ZIP Ocala FL
TITLE DS [] DELETE
NAME JEFFCOAT, HOWARD T
STREET ADDRESS 2338 NE 12TH CT
CITY-ST-ZIP Ocala FL 34470-4404
TITLE [] DELETE

1.1 TITLE WORSHIPFUL MASTER (D) [X] Change [] Addition
1.2 NAME Terry Lee Henderson
1.3 STREET ADDRESS 3450 SE 12TH St
1.4 CITY-ST-ZIP Ocala FL 34471 [] Change [] Addition
2.1 TITLE SECRETARY (D) [X]
2.2 NAME Howard Thomas Jeffcoat
2.3 STREET ADDRESS PO Box 744 JA
2.4 CITY-ST-ZIP Ocala FL 34478-0744 [] Change [] Addition
3.1 TITLE SENIOR WARDEN (D) [X]
3.2 NAME Benjamin Haile Ayres
3.3 STREET ADDRESS 2215 Asley Ct
3.4 CITY-ST-ZIP Ocala FL 34471 [] Change [] Addition
4.1 TITLE JUNIOR WARDEN (D) [X]
4.2 NAME Russ Lennis Perkins
4.3 STREET ADDRESS 5449 NE Jacksonville Rd
4.4 CITY-ST-ZIP Ocala FL 34479 [] Change [] Addition
5.1 TITLE TREASURER (D) [X]
5.2 NAME Paul E Wilson Jr
5.3 STREET ADDRESS 604 SE 51st Ave
5.4 CITY-ST-ZIP Ocala FL 34471-3387 [] Change [] Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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(5)(b), 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: HOWARD T. JEFFCOAT [Signature] DATE 2/12/98 (352) 194-2461

CFR2E037 (10/97)