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Apr 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10184

1. Corporation Name

JOHN DARLING LODGE NO. 154 FREE AND ACCEPTED MASONS 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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0255598
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN STREET 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: N/A (NOTE: Registered Agent signature required when reinstating) DATE: N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMDI <input checked="" type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, KENNETH PARSON L	1.2 NAME	Paul R Gallo Jr
STREET ADDRESS	303 SAND RIDGE DRIVE	1.3 STREET ADDRESS	4231 Autumn Leaves Dr.
CITY-ST-ZIP	VALFICO FL 33594-4024	1.4 CITY-ST-ZIP	Tampa Fl 33624-1124
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, THEODORE GLEN	2.2 NAME	Thomas Ray Hitchcock
STREET ADDRESS	4318 W. CORONA STREET	2.3 STREET ADDRESS	15502 Granby Pl
CITY-ST-ZIP	TAMPA FL 33629-7712	2.4 CITY-ST-ZIP	Tampa Fl 33624-1572
TITLE	SWD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, PAUL R JR.	3.2 NAME	Richard Dale Brown
STREET ADDRESS	4231 AUTUMN LEAVES DRIVE	3.3 STREET ADDRESS	2910 West Lake Avenue
CITY-ST-ZIP	TAMPA FL 33624-1124	3.4 CITY-ST-ZIP	Tampa Fl 33607-6340
TITLE	JWD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITCHCOCK, THOMAS RAY	4.2 NAME	Frank Raymond Potter
STREET ADDRESS	15502 GRANBY PLACE	4.3 STREET ADDRESS	7731 Hinidale Dr
CITY-ST-ZIP	TAMPA FL 33624-1572	4.4 CITY-ST-ZIP	Tampa Fl 33615-1504
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	AUSTIN, LLOYD ALAN	5.2 NAME	
STREET ADDRESS	5510 N. HIMES AVENUE, APT. 1913	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/1/99 DAYTIME PHONE #: 813 839-6466

CRPE037 (1/99)