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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 # C10247 (0)  
1. Corporation Name  
WILLIAM T. CARLTON LODGE NO. 46 FREE AND ACCEPTE  
D MASONS OF FLORIDA



Principal Place of Business Mailing Address  
C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US  
C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified 06/30/1992  
4. FEI Number 23-7526355 Applied For Not Applicable  
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

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 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
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]* 2/13/98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELTON, JOHN H	1.2 NAME	James Lester Campbell
STREET ADDRESS	P.O. BOX 1215 N/A	1.3 STREET ADDRESS	PO Box 299 N/A
CITY-ST-ZIP	TRENTON FL 32693-1215	1.4 CITY-ST-ZIP	Trenton FL 32693
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLRED, JIMMY L	2.2 NAME	William Huntley Schreiber
STREET ADDRESS	P.O. BOX 776 N/A	2.3 STREET ADDRESS	PO Box 171 N/A
CITY-ST-ZIP	TRENTON FL 32693	2.4 CITY-ST-ZIP	Bell FL 32619
TITLE	SWD <input type="checkbox"/> DELETE	3.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, PAUL H	3.2 NAME	Phillip Bruce Snyder
STREET ADDRESS	P.O. BOX 1215 N/A	3.3 STREET ADDRESS	P O Box 661 N/A
CITY-ST-ZIP	TRENTON FL	3.4 CITY-ST-ZIP	Bell FL 32619
TITLE	JWD <input type="checkbox"/> DELETE	4.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PENSON W	4.2 NAME	Samuel Lane Ferguson
STREET ADDRESS	17010 NW 72ND CT.	4.3 STREET ADDRESS	3349 SW 20Th St
CITY-ST-ZIP	TRENTON FL	4.4 CITY-ST-ZIP	Bell FL 32619
TITLE	YD <input type="checkbox"/> DELETE	5.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH WILSON GILLIAM	5.2 NAME	Joseph Wilson Gilliam
STREET ADDRESS	1760 NW 22ND CT.	5.3 STREET ADDRESS	1760 NW 22nd Ct
CITY-ST-ZIP	BELL FL	5.4 CITY-ST-ZIP	Bell FL 32619
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ALLRED, JIMMY LEE	6.2 NAME	
STREET ADDRESS	P.O. BOX 776 NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON 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)(b), Florida Statutes, 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: *[Signature]* 3-4-98 252-512-9992

CR2E037 (10/97)