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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 # C10247

1. Corporation Name
WILLIAM T. CARLTON LODGE NO. 46 FREE AND ACCEPTED MASONRY OF FLORIDA

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/30/1992	4. FEI Number 23-7526355 Applied For Not Applicable	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
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, JAMES L	
STREET ADDRESS	P O BOX 299 N/A	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHREIBER, WILLIAM H	
STREET ADDRESS	P O BOX 171 N/A	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, PHILLIP B	
STREET ADDRESS	P O BOX 661 N/A	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, SAMUEL L	
STREET ADDRESS	3349 SW 20TH ST	
CITY-ST-ZIP	BELL FL 32619	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GILLIAM, JOSEPH W	
STREET ADDRESS	1760 NW 22ND CT	
CITY-ST-ZIP	BELL FL 32619	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALLRED, JIMMY LEE	
STREET ADDRESS	P.O. BOX 776 NA	
CITY-ST-ZIP	TRENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gregory Albert Pfannschmidt
1.3 STREET ADDRESS	PO Box 1265 N/A
1.4 CITY-ST-ZIP	Trenton FL 32693 <input type="checkbox"/> Addition
2.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jerald Lane Blanchard
2.3 STREET ADDRESS	2149 SW 77th Ave
2.4 CITY-ST-ZIP	Bell FL 32619
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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(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: William H. Schreiber 03-09-99 352-542-9923
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)