

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # C10324 (7)**

1. Corporation Name  
**TEMPLE LODGE NO. 23 FREE AND ACCEPTED MASONS 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 32202-3218 US
--	---

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>59-0478232</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
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
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, 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: **2-3-97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, DAVID M</b>	
STREET ADDRESS	<b>10960 BEACH BLVD. #181</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246-4846</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRADFORD, ARCHIE J JR</b>	
STREET ADDRESS	<b>914 MEMORIAL PARK RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32221-4469</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>DURST, ROBERT L</b>	
STREET ADDRESS	<b>6211 EASTWOOD LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211-3906</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARTIER, MARK P</b>	
STREET ADDRESS	<b>1642 PANTHER RIDGE CT.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225-4520</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARGER, RICHARD A</b>	
STREET ADDRESS	<b>6212 ROUND OAK LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211-3520</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSING JERRY EUGENE</b>	
STREET ADDRESS	<b>7015 MISS MUFFET LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>WORSHIPFUL MASTER D</b>
1.2 NAME	<b>Mark Peter Cartier</b>
1.3 STREET ADDRESS	<b>1642 Panther Ridge Ct.</b>
1.4 CITY-ST-ZIP	<b>Jacksonville Fl 32225-4520</b>
2.1 TITLE	<b>SENIOR WARDEN D</b>
2.2 NAME	<b>Billy Geard Heisler</b>
2.3 STREET ADDRESS	<b>3503 Lenczyk Dr W</b>
2.4 CITY-ST-ZIP	<b>Jacksonville Fl 32277</b>
3.1 TITLE	<b>JUNIOR WARDEN D</b>
3.2 NAME	<b>Cecil Loyed Wright Sr</b>
3.3 STREET ADDRESS	<b>4915 Baymeadows Rd Apt 6E</b>
3.4 CITY-ST-ZIP	<b>Jacksonville Fl 32217-4710</b>
4.1 TITLE	<b>TREASURER D</b>
4.2 NAME	<b>Rudolph Carl Thorwart Jr</b>
4.3 STREET ADDRESS	<b>8713 Como Lake Dr</b>
4.4 CITY-ST-ZIP	<b>Jacksonville Fl 32256-8431</b>
5.1 TITLE	<b>SECRETARY D</b>
5.2 NAME	<b>Jerry Eugene Walding</b>
5.3 STREET ADDRESS	<b>7015 Miss Muffet Lane</b>
5.4 CITY-ST-ZIP	<b>Jacksonville Fl 32210</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**900002142499**  
**-04/14/97--01040--029**  
**\*\*\*2633-75**

14. I do 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: *[Signature]* DATE: **3/10/97** 904 - 791-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARK P. CARTIER**  
 Date Daytime Phone 0004064