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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-0478232	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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) 700002436187	
		83 04/13/98 01018-026	
		84 City 5083, 75	
		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, 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**

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	CARTIER, MARK PETER	1.2 NAME	Billy Gearld Heisler
STREET ADDRESS	1842 PANTHER RIDGE CT.	1.3 STREET ADDRESS	3503 Lenczyk Dr W
CITY-ST-ZIP	JACKSONVILLE FL 32225-4520	1.4 CITY-ST-ZIP	Jacksonville FL 32277
TITLE	SWD <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISLER, BILLY GEARLD	2.2 NAME	Jerry Eugene Walding
STREET ADDRESS	3503 LENCZYK DR W	2.3 STREET ADDRESS	PO Box 37166 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32277	2.4 CITY-ST-ZIP	Jacksonville FL 32236-7166 <input type="checkbox"/> Addition
TITLE	JWD <input type="checkbox"/> DELETE	3.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT SR., CECIL LOYED	3.2 NAME	Cecil Loyed Wright Sr
STREET ADDRESS	4915 BAYMEADOWS RD APT 6E	3.3 STREET ADDRESS	4915 Baymeadows Rd Apt 6E
CITY-ST-ZIP	JACKSONVILLE FL 32217-4710	3.4 CITY-ST-ZIP	Jacksonville FL 32217-4710 <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORWART, JR., RUDOLPH CARL	4.2 NAME	James L Weese
STREET ADDRESS	8713 COMO LAKE DR	4.3 STREET ADDRESS	10544 Bessent Rd N
CITY-ST-ZIP	JACKSONVILLE FL 32256-8431	4.4 CITY-ST-ZIP	Jacksonville FL 32218-5028 <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WALDING, JERRY EUGENE	5.2 NAME	
STREET ADDRESS	7015 MISS MUFFET LANE	5.3 STREET ADDRESS	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL 32210	5.4 CITY-ST-ZIP	Rudolph Carl Thorwart Jr
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	8713 Como Lake Dr
NAME	WALSING JERRY EUGENE	6.2 NAME	Jacksonville FL 32256-8431
STREET ADDRESS	7015 MISS MUFFET LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE 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)(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.

SIGNATURE *[Signatures]* DATE **2/13/98**

CR2E037 (10/97)