

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 035 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # C10324 | |  | |
| 1. Entity 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02112004 Chg-NP CR2E037 (10/03)

| | | | |
|--|--|---|--|
| 4. FEI Number 59-0478232 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

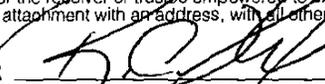
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|-----------------------------|--|---|----------------------------|--|
| TITLE | WD | <input checked="" type="checkbox"/> Delete | TITLE | WORSHIPFUL MASTER (D) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIGDON, TERRY E | | NAME | Kenneth Roy Harris II | |
| STREET ADDRESS | PO BOX 505 | | STREET ADDRESS | 2314 HUCKINS CT | |
| CITY-ST-ZIP | MIDDLEBURG, FL 32050 | | CITY-ST-ZIP | JACKSONVILLE FL 32225-1558 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | SENIOR WARDEN (D) | <input type="checkbox"/> Addition |
| NAME | HARRIS, KENNETH R | | NAME | Teddy Joe Beck | |
| STREET ADDRESS | 2314 HUCKINS CT | | STREET ADDRESS | 7057 FOUNTAINBLEAU CRES | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 | | CITY-ST-ZIP | JACKSONVILLE FL 32211-4101 | |
| TITLE | JWD | <input checked="" type="checkbox"/> Delete | TITLE | JUNIOR WARDEN (D) | <input checked="" type="checkbox"/> Addition |
| NAME | BACK, TEDDY J | | NAME | Rob-Roy Clark Forbus | |
| STREET ADDRESS | 7057 FOUNTAINBLEAU CRES | | STREET ADDRESS | 6245 Smallwood Rd. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32211 | | CITY-ST-ZIP | JACKSONVILLE FL 32216-2538 | <input type="checkbox"/> Addition |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALDING, JERRY E | | NAME | | |
| STREET ADDRESS | 7015 MISS MUFFET LANE NORTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARL THORWART, RUDOLPH JR | | NAME | | |
| STREET ADDRESS | 7840 TIMBERLIN PARK BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 322568431 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  R. Carl Thorwart, Sec. 4/19/04 904-538-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #