


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00773 (4)**  
 1. Corporation Name  
**MASONIC BUILDING CLUB, INC.**



Principal Place of Business 1104 WEST JACKSON PENSACOLA FL 32501 US	Mailing Address 2517 NORTH "L" STREET PENSACOLA FL 32505 US
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3. Date Incorporated or Qualified <b>01/06/1984</b>	
4. FEI Number <b>59-2447451</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
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>PATE, BERNETT</b> <b>2517 NORTH "L" ST</b> <b>PENSACOLA FL 32505</b>	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>PATE, BERNETT</b>	1.1 TITLE <b>PD</b>	1.2 NAME <b>Pate, Bernett</b>
STREET ADDRESS <b>2517 N "L" ST</b>	CITY-ST-ZIP <b>PENSACOLA FL</b>	1.3 STREET ADDRESS <b>2517, N. L. St, Pensacola Fl.</b>	1.4 CITY-ST-ZIP
TITLE <b>VD</b>	NAME <b>CHASKIN, ELOISE</b>	2.1 TITLE <b>VD</b>	2.2 NAME <b>Milkyrd Jackson</b>
STREET ADDRESS <b>610 E. FISHER ST.</b>	CITY-ST-ZIP <b>PENSACOLA FL</b>	2.3 STREET ADDRESS <b>1713 W. Barbara St.</b>	2.4 CITY-ST-ZIP <b>Pensacola Fl.</b>
TITLE <b>SD</b>	NAME <b>POWERS, GEORGIA</b>	3.1 TITLE <b>S.D. Ellis Rainey</b>	3.2 NAME
STREET ADDRESS <b>1431 E. BAARS ST.</b>	CITY-ST-ZIP <b>PENSACOLA FL</b>	3.3 STREET ADDRESS <b>3407 W. Scott St</b>	3.4 CITY-ST-ZIP <b>Pensacola Fl. 32505</b>
TITLE <b>T</b>	NAME <b>PURIFY, JAMES H.</b>	4.1 TITLE <b>T. James Purify</b>	4.2 NAME
STREET ADDRESS <b>1310 GERMAIN</b>	CITY-ST-ZIP <b>PENSACOLA FL</b>	4.3 STREET ADDRESS <b>1310 Germain</b>	4.4 CITY-ST-ZIP <b>Pensacola Fl.</b>
TITLE <b>C</b>	NAME <b>LEE, ROBERT</b>	5.1 TITLE <b>C. Jimmie Weatherston</b>	5.2 NAME
STREET ADDRESS <b>19 PEARL ST.</b>	CITY-ST-ZIP <b>PENSACOLA FL</b>	5.3 STREET ADDRESS <b>224 W. Chase St.</b>	5.4 CITY-ST-ZIP <b>Pensacola Fl.</b>
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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.

SIGNATURE: *Bernett Pate*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (5/98)