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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **N00773**

1. Corporation Name

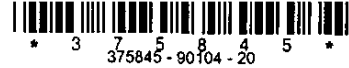
MASONIC BUILDING CLUB, INC.

Principal Place of Business

1104 WEST JACKSON
 PENSACOLA FL 32501
 US

Mailing Address

2517 NORTH 'L' STREET
 PENSACOLA FL 32505
 US



2. Principal Place of Business

21 **Masonic Building Club**

2a. Mailing Address

26 **2517 N. L. Street.**

3. Date Incorporated or Qualified

01/06/1984

22 Suite, Apt. #, etc.

1104 W Jackson

27 Suite, Apt. #, etc.

4. FEI Number

59-2447451

Applied For
 Not Applicable

23 City & State

Pensacola FL

28 City & State

Pensacola FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

32501

29 Zip Country

32505

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PATE, BERNETT
2517 NORTH 'L' ST
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, BERNETT	1.2 NAME	PATE BERNETT
STREET ADDRESS	2517 N 'L' ST	1.3 STREET ADDRESS	2517 N. L. ST.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MILDRED	2.2 NAME	JACKSON MILDRED
STREET ADDRESS	1713 W ROSEANNA ST	2.3 STREET ADDRESS	1713 W ROSEANNA ST.
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINEY, ELLIS	3.2 NAME	ELLIS GAINEY
STREET ADDRESS	3407 W SCOTT ST	3.3 STREET ADDRESS	3407 W. SCOTT ST.
CITY-ST-ZIP	PENSACOLA FL 32505	3.4 CITY-ST-ZIP	Pensacola FL
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURIFY, JAMES H.	4.2 NAME	PURIFY, JAMES H.
STREET ADDRESS	1310 GERMAIN	4.3 STREET ADDRESS	1310 GERMAIN
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola FL
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERSPOON, JIMMIE	5.2 NAME	WEATHERSPOON JIMMIE
STREET ADDRESS	624 W CHASE ST	5.3 STREET ADDRESS	624 W. CHASE ST.
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	Pensacola FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1-1/98)