

FILE NOW: FILING FEE IS \$61.25

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Jul 03 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
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**DOCUMENT # N14955 (1)**  
1. Corporation Name  
**MERIDIAN GRAND LODGE OF F & AAY MASONS, INC.**



Principal Place of Business <b>P. O. BOX 362 ARCHER FL 32618-7362</b>	Mailing Address <b>P. O. BOX 362 ARCHER FL 32618-0362</b>
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3. Date Incorporated or Qualified <b>05/19/1986</b>	3a. Date of Last Report <b>03/08/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**REV. L. B. NELSON  
400 W. HWY 24  
ARCHER FL 32618**

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 Rev. L. B. Nelson *Rev. L. B. Nelson* DATE 7/1/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required for Reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NELSON, L.B. REV</b>
STREET ADDRESS	<b>400 W. HWY 24</b>
CITY-ST-ZIP	<b>ARCHER FL 32618</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TODD, EDWARD</b>
STREET ADDRESS	<b>18702 NE 10TH ST.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>OWENS, LAWRENCE</b>
STREET ADDRESS	<b>POST OFFICE BOX 127 N/A</b>
CITY-ST-ZIP	<b>REDDICK FL 32886</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Willie Duncan Jr.</b>
2.3 STREET ADDRESS	<b>10344 N W 177th Pl.</b>
2.4 CITY-ST-ZIP	<b>REDDICK FL 32686</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S Ivan Richard</b>
4.3 STREET ADDRESS	<b>8 Pine Track Terr.</b>
4.4 CITY-ST-ZIP	<b>Ocala Fl.</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 Rev. L. B. Nelson *Rev. L. B. Nelson* DATE 7/1/97

CR2E037 (9/96)