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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N14955

1. Corporation Name
MERIDIAN GRAND LODGE OF F & AAY MASONS, INC.

Principal Place of Business
16047 N W 37TH TERRACE
REDDICK FL 32686
US

Mailing Address
P O BOX 127
REDDICK FL 32686
US



4/22/99 90096 016 \$61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	05/19/1986
22 City & State	27 City & State	4. FEI Number: NOT APPLICABLE
23 Zip Country	28 Zip Country	Applied For Not Applicable
24	25	29
29	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

MCKINON, REV JAMES L
16047 NW 37TH TERRACE
REDDICK FL 32686

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OWENS, LAWRENCE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, LAWRENCE	1.2 NAME	
STREET ADDRESS	P O BOX 127	1.3 STREET ADDRESS	
CITY-ST-ZIP	REDDICK FL 32686	1.4 CITY-ST-ZIP	
TITLE	D DUNCAN JR, WILLIE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN JR, WILLIE	2.2 NAME	
STREET ADDRESS	10344 NW 177TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDDICK FL	2.4 CITY-ST-ZIP	
TITLE	T ADKINS, JR BRO MATTHEW <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, JR BRO MATTHEW	3.2 NAME	
STREET ADDRESS	P O BOX 127	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDDICK FL 32686	3.4 CITY-ST-ZIP	
TITLE	S/D MCKINON, REV JAMES L <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINON, REV JAMES L	4.2 NAME	
STREET ADDRESS	P O BOX 87	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDDICK FL 32686	4.4 CITY-ST-ZIP	
TITLE	WILLIE JAMES MARTIN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIE JAMES MARTIN	5.2 NAME	
STREET ADDRESS	P.O. BOX 275	5.3 STREET ADDRESS	
CITY-ST-ZIP	REDDICK, FL. 32686	5.4 CITY-ST-ZIP	
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: *Lawrence Owens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date Daytime Phone #

KE