


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725705 (8) 1. Corporation Name SUPREME GRAND LODGE WORLD TRAVEL ANCIENT FREE AN D ACCEPTED MASONS, SCOTTISH RITE AFFILIATION, IN					
Principal Place of Business 5921 CRYSTAL BELL AVENUE JACKSONVILLE FL 32208			Mailing Address 5921 CRYSTAL BELL AVENUE JACKSONVILLE FL 32208 US		
2. Principal Place of Business 21 5921 CRYSTAL BELL AVE Suite, Apt. #, etc.		2a. Mailing Address 26 5921 CRYSTAL BELL AVENUE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/02/1973	
22 City & State 23 JACKSONVILLE FLORIDA Zip 24 32208		27 City & State 28 JACKSONVILLE FLORIDA Zip 29 32208		3a. Date of Last Report 03/25/1996	
Country 25 U.S.A.		Country 30 U.S.A.		4. FEI Number 59-1538178	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 GARVIN, ALEX REV. 5921 CRYSTAL BELL AVE. JACKSONVILLE FL 32208			10. Name and Address of New Registered Agent 81 Name REV: ALEX GARVIN 82 Street Address (P.O. Box Number is Not Acceptable) 5921 CRYSTAL BELL AVE 83 84 City JACKSONVILLE FL 85 Zip Code 32208		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	BOWENS, STANLEY T.				
STREET ADDRESS	4282 KEY ADAM DRIVE				
CITY - ST - ZIP	JACKSONVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	STUWARD, ANTHONY				
STREET ADDRESS	1889 NOST HILLS RD.				
CITY - ST - ZIP	JACKSONVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	DERRY, JAMES				
STREET ADDRESS	8508 N. KING RD				
CITY - ST - ZIP	JACKSONVILLE FL				
TITLE	S <input checked="" type="checkbox"/> DELETE				
NAME	MARION, LEVI D				
STREET ADDRESS	1802 COVE LANDING DR.				
CITY - ST - ZIP	JACKSONVILLE FL				
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		SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME		ALEX T. GARVIN			
1.3 STREET ADDRESS		8904 W. 5TH AVE			
1.4 CITY - ST - ZIP		JAX. FL. 32208			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
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 type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Rev Alex Garvin 4-14-97					

CR2E037 (9/96)