

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **725705** (8)

1. Corporation Name

SUPREME GRAND LODGE WORLD TRAVEL ANCIENT FREE AND ACCEPTED MASONS, SCOTTISH RITE AFFILIATION, IN

Principal Place of Business
Chrysolbel AVE
5921 CRYSTAL BELL AVENUE
JACKSONVILLE FL 32208

Mailing Address
Chrysolbel AVE
5921 CRYSTAL BELL AVENUE
JACKSONVILLE FL 32208
US



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|--------------------------------|------------------------|---------------------|-----------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 22 City & State | 27 City & State |
| 23 Zip | 25 Country | 28 Zip | 30 Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/02/1973 | |
| 4. FEI Number 59-1538178 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 | |

| | | | |
|--|--|--|---|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| GARVIN, ALEX REV. 5921 CRYSTAL BELL AVE. <i>Chrysolbel AVE</i> JACKSONVILLE FL 32208 | | 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 | 84 City |
| | | 85 | 86 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. Alex Garvin* *Rev. Alex Garvin* **4/13/98**
Signature, typed or 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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWENS, STANLEY T. | 1.2 NAME | |
| STREET ADDRESS | 4282 KEY ADAM DRIVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D STWARD | 2.2 NAME | Anthony Steward |
| STREET ADDRESS | 1889 NOST HILLS RD. | 2.3 STREET ADDRESS | 1889 NOST Hill Rd. |
| CITY - ST - ZIP | JACKSONVILLE FL | 2.4 CITY - ST - ZIP | Jacksonville, FL 32211 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DERRY, JAMES | 3.2 NAME | |
| STREET ADDRESS | 8508 N. KING RD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S GARVIN, ALEX T | 4.2 NAME | |
| STREET ADDRESS | 8904 W. 5TH AVE. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Worshipful Master |
| STREET ADDRESS | | 5.3 STREET ADDRESS | DR L.O. Clark, Ph.D. |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | 8005 S. SKIN AVE |
| | | | Jacksonville, FL 32219 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 800002496108 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -04/22/98--01022--009 |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | ***70.00 |

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:

4/13/98

904-768-3501

CR2037 (10/97)