


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90161 001 \*5,083.75

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # C10018</b>					
1. Corporation Name <b>MALONE LODGE NO. 224 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/30/1992</b> 4. FEI Number <b>23-7526469</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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9. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	✓ D	NAME	TOMPKINS, FRANCIS D	1.1 TITLE	JUNIOR WARDEN	Change	Addition
STREET ADDRESS	✓	6694 WOLF POND RD.		1.2 NAME	John Henry Hamilton		
CITY-ST-ZIP	✓	BASCOM FL 32423-9378		1.3 STREET ADDRESS	3232 Sandridge Rd.		
TITLE	✓ SD	NAME	MYERS, LESLIE E	1.4 CITY-ST-ZIP	Snead FL 32460-6936	Change	Addition
STREET ADDRESS	✓	P O BOX 2 N/A		2.1 TITLE			
CITY-ST-ZIP	✓	MALONE FL 32445		2.2 NAME			
TITLE	✓ D	NAME	BESCEZYNSKI, DERWARD	2.3 STREET ADDRESS			
STREET ADDRESS	✓	4359 W SOUTH ST		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	✓	MARIANNA FL 32446		3.1 TITLE		Change	Addition
TITLE	✓ D	NAME	BAREFIELD, JOHN D	3.2 NAME			
STREET ADDRESS	✓	6505 BLUE SPRINGS RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	✓	GREENWOOD FL 32443-9801		3.4 CITY-ST-ZIP			
TITLE	✓ TD	NAME	TATOM, CHARLES F	4.1 TITLE		Change	Addition
STREET ADDRESS	✓	P O BOX 154 N/A		4.2 NAME			
CITY-ST-ZIP	✓	GREENWOOD FL 32443-0154		4.3 STREET ADDRESS			
TITLE	✓	NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS	✓			5.1 TITLE		Change	Addition
CITY-ST-ZIP	✓			5.2 NAME			
TITLE	✓	NAME		5.3 STREET ADDRESS			
STREET ADDRESS	✓			5.4 CITY-ST-ZIP			
CITY-ST-ZIP	✓			6.1 TITLE		Change	Addition
TITLE	✓	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: Leslie E Myers 03-02-99 850 569 2419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)