


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10031 (8)

1. Corporation Name
**SAINT ANDREWS LODGE NO. 212 FREE ANDD ACCEPTED M
ASONS OF FLORIDA**



Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified 06/30/1992		
4. FEI Number 59-1379644	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input 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 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		

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

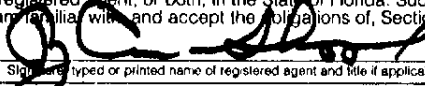
**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**

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

FL

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  DATE **3/13/98**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURWELL, LOWELL E	
STREET ADDRESS	7928 JOHNNY LANE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASS, VIRGIL D	
STREET ADDRESS	3541 FLORIDA AVE	
CITY-ST-ZIP	PANAMA FL 32405-3324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWBURY, MICHAEL E SR	
STREET ADDRESS	301 S. STAR AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32404-8516	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GIVENS, JOHN R	
STREET ADDRESS	1000 W. 12TH CT.	
CITY-ST-ZIP	PANAMA CITY FL 32401-2013	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HIGHTOWER, ROY A	
STREET ADDRESS	2513 W. 27TH ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul Poad Kelley	
1.3 STREET ADDRESS	1517 Blue Grass Blvd	
1.4 CITY-ST-ZIP	Lynn Haven FL 32444	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Roy Ashley Hightower	
2.3 STREET ADDRESS	2513 W. 27TH St.	
2.4 CITY-ST-ZIP	Panama City Fl 32405-2108	
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mitchell Howard Redd	
3.3 STREET ADDRESS	3700 W 22nd Plaza	
3.4 CITY-ST-ZIP	Panama City FL 32405	
4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Guy Keith Randolph	
4.3 STREET A	16232 E Lullwater Dr	
4.4 CITY-ST-	Panama City Beach FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TREASURER (D)	
5.2 NAME	John Rowley Givens	
5.3 STREET /	1000 W 12Th Ct	
5.4 CITY-ST	Panama City Fl 32401-2013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET A		
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.

SIGNATURE: **Roy Ashley Hightower** 

CR2E037 (10/97)