

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

0004012

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # C10075

1. Corporation Name:
**FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEP
 TED MASONS OF FLORIDA**

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 06/30/1992	4. FEI Number 59-1688795 Applied For Not Applicable	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
--	---	---	--	--	---

9. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST 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 FL 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: 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 <input checked="" type="checkbox"/> DELETE	NAME: SHALLAR, MARCUS P	1.1 TITLE: JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 12887 PLUMMER GRANT RD	CITY-ST-ZIP: JACKSONVILLE FL 32258	1.2 NAME: Robert Erwin Sitz	
TITLE: SD <input type="checkbox"/> DELETE	NAME: GOING, BROOKS E	1.3 STREET ADDRESS: 895 Bonita Rd	
STREET ADDRESS: 1404 FOREST HILLS RD	CITY-ST-ZIP: JACKSONVILLE FL 32208-3188	1.4 CITY-ST-ZIP: Atlantic Beach FL 32233	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: ALLEN, SAMUEL D	2.1 TITLE:	
STREET ADDRESS: 5947 W SHORES RD	CITY-ST-ZIP: ORANGE PARK FL 32073	2.2 NAME:	
TITLE: D <input type="checkbox"/> DELETE	NAME: BRACEWELL, ROBERT D	2.3 STREET ADDRESS:	
STREET ADDRESS: RT 1 BOX 206-A	CITY-ST-ZIP: BRYCEVILLE FL 32009-9713	2.4 CITY-ST-ZIP:	
TITLE: TD <input type="checkbox"/> DELETE	NAME: YOUNG, ROBERT L	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4621 CASTLEWOOD DR W	CITY-ST-ZIP: JACKSONVILLE FL 32206	3.2 NAME:	
TITLE: SD <input checked="" type="checkbox"/> DELETE	NAME: BRACEWELL, ROBERT DELMUS	3.3 STREET ADDRESS:	
STREET ADDRESS: HC 01 BOX 206-A	CITY-ST-ZIP: BRYCEVILLE FL	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: [Signature] SIGNATURE REQUIRED DATE: Mar 1, 1999 DAYTIME PHONE #: 765-5719

CR2E037 (11/98)