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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90111 001 *5,390.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # C10107

1. Corporation Name
BELLEVUE LODGE NO. 95 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US
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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 06/30/1992	4. FEI Number 23-7526391	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

9. Name and Address of Current Registered Agent
SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: 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 FAIL, JAMES T	1.1 TITLE	SENIOR WARDEN (D) X Change
NAME	FAIL, JAMES T	1.2 NAME	Jimmie Harry Roberts
STREET ADDRESS	P O BOX 729 N/A	1.3 STREET ADDRESS	12401 S E 60TH AVE
CITY-ST-ZIP	OKLAWAHA FL 32179-0729	1.4 CITY-ST-ZIP	Belleview FL 34420
TITLE	SD OLIVER, JABY L	2.1 TITLE	JUNIOR WARDEN (D) X Change
NAME	OLIVER, JABY L	2.2 NAME	Dewaine William Christmas
STREET ADDRESS	12525 SE 107TH ST	2.3 STREET ADDRESS	310 Larch Road
CITY-ST-ZIP	OKLAWAHA FL 32179	2.4 CITY-ST-ZIP	Ocala FL 34480
TITLE	DD WHALEY, STEVE W	3.1 TITLE	
NAME	WHALEY, STEVE W	3.2 NAME	
STREET ADDRESS	12188 SE 61ST CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420	3.4 CITY-ST-ZIP	
TITLE	D RADLEY, BRIEN D	4.1 TITLE	
NAME	RADLEY, BRIEN D	4.2 NAME	
STREET ADDRESS	12100 COUNT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420	4.4 CITY-ST-ZIP	
TITLE	TD PISANI, JOHN P	5.1 TITLE	
NAME	PISANI, JOHN P	5.2 NAME	
STREET ADDRESS	6274 SE 121ST PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: [Signature] SIGNATURE REQUIRED [Signature] 3/9/99 352-307-0977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)