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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10108

1. Corporation Name

TRILBY LODGE NO. 141 FREE AND ACCEPTED MASONS 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



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 23-7526425 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
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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	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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	JWD	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGERTON, RONALD FRANCIS	1.2 NAME	James Wilbur Kirksey
STREET ADDRESS	12301 SCOTT DR	1.3 STREET ADDRESS	18435 Hamilton Road
CITY-ST-ZIP	DADE CITY FL 33525	1.4 CITY-ST-ZIP	Dade City FL 33523
TITLE	WMD	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRICK, JOHN HENRY	2.2 NAME	John Rainey Council
STREET ADDRESS	PO BOX 1264 N/A	2.3 STREET ADDRESS	36709 Covington Rd
CITY-ST-ZIP	DADE CITY FL 33526	2.4 CITY-ST-ZIP	Dade City FL 33525
TITLE	SWD	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKSEY, JAMES WILBUR	3.2 NAME	Charles Melvin Kirksey
STREET ADDRESS	18435 HAMILTON RD	3.3 STREET ADDRESS	P. O. Box 1364 N/A
CITY-ST-ZIP	DADE CITY FL 33523	3.4 CITY-ST-ZIP	Dade City FL 33526
TITLE	TD	4.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAQUIRE, DON TRUXTON	4.2 NAME	Lawrence Payton Pitts Jr
STREET ADDRESS	4877 MERLIN CIRCLE	4.3 STREET ADDRESS	33903 Trilby Rd
CITY-ST-ZIP	DADE CITY FL 33525-9127	4.4 CITY-ST-ZIP	Dade City FL 33523
TITLE	SD	5.1 TITLE	
NAME	PAYTON PITTS, LAWRENCE JR	5.2 NAME	
STREET ADDRESS	33903 TRILBY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33523	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	

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 both other like empowered.

SIGNATURE: X LAURENCE PAYTON PITTS JR SECRETARY 4/1/99 (352) 567-7029

CR2E037 (11/98)