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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10112 (6)
1. Corporation Name
PERRY LODGE NO. 123 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified 06/30/1992
3a. Date of Last Report 04/02/1996

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30. Zip Country
4. FEI Number 23-7161310 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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 I accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 2-3-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE D [] DELETE
NAME MERRITT, CLYDE J
STREET ADDRESS 1685 COPPERFIELD CIR.
CITY-ST-ZIP TALLAHASSEE FL 32308
TITLE D [] DELETE
NAME PARRISH, KAY L
STREET ADDRESS RR 5 BOX 487
CITY-ST-ZIP PERRY FL 32347-9358
TITLE D [] DELETE
NAME MOCK, DONALD
STREET ADDRESS 103 EL MATADOR DR.
CITY-ST-ZIP PERRY FL 32347-1709
TITLE DT [] DELETE
NAME WILLIAMS, CARL R SR
STREET ADDRESS RR 4 BOX 416
CITY-ST-ZIP PERRY FL 32347-9804
TITLE DS [] DELETE
NAME LOVE, DONALD W
STREET ADDRESS RT 4 BOX 537
CITY-ST-ZIP PERRY FL 32347-9484
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDING/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Kay Laughran Parrish
1.3 STREET ADDRESS RR 5 Box 487
1.4 CITY-ST-ZIP Perry Fl 32347-9358
2.1 TITLE SENIOR WARDEN D
2.2 NAME Donald Mock
2.3 STREET ADDRESS 103 El Matador Dr.
2.4 CITY-ST-ZIP Perry Fl 32347-1709
3.1 TITLE JUNIOR WARDEN D
3.2 NAME Daryll Thomas Gunter
3.3 STREET ADDRESS Rt 3 Box 187
3.4 CITY-ST-ZIP Perry Fl 32347-9525
4.1 TITLE TREASURER D
4.2 NAME Carl Raymond Williams Sr
4.3 STREET ADDRESS Rr 4 Box 416
4.4 CITY-ST-ZIP Perry Fl 32347-9804
5.1 TITLE SECRETARY D
5.2 NAME Emory Kenneth Sparkman
5.3 STREET ADDRESS 118 Pine Tree Rd.
5.4 CITY-ST-ZIP Perry Fl 32347-6004
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Ken Sparkman SECRETARY PERRY LODGE 123 KEN SPARKMAN DATE: 02/13/97 DAYTIME PHONE: 904 584 4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)