

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAR 25 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified
06/30/1992
4. FEI Number
23-7161310
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
680002189538-7
-03/26/98--01084--001
83 *****5083.75 ****\$61.25**
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 *[Signature]*
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/13/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	MERRITT, CLYDE J	
STREET ADDRESS	1685 COPPERFIELD CIR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/>
NAME	PARRISH, KAY L	
STREET ADDRESS	RR 5 BOX 487	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/>
NAME	MOCK, DONALD	
STREET ADDRESS	103 EL MATADOR DR.	
CITY-ST-ZIP	PERRY FL 32347-1709	
TITLE	DT	<input type="checkbox"/>
NAME	WILLIAMS, CARL R SR	
STREET ADDRESS	RR 4 BOX 416	
CITY-ST-ZIP	PERRY FL	
TITLE	DS	<input type="checkbox"/>
NAME	LOVE, DONALD W	
STREET ADDRESS	RT 4 BOX 537	
CITY-ST-ZIP	PERRY FL 32347-9484	
TITLE	D	<input type="checkbox"/>
NAME	GUNTER, DARYLL T	
STREET ADDRESS	RT 3 BOX 187	
CITY-ST-ZIP	PERRY FL 25	

13. OFFICERS AND DIRECTORS IN 12		DATE
TITLE	WORSHIPFUL MASTER (D)	
NAME	Donald Mock	
STREET ADDRESS	103 El Matador Dr.	
CITY-ST-ZIP	Perry Fl 32347-1709	
TITLE	SECRETARY (D)	
NAME	Clyde Merritt	
STREET ADDRESS	118 Pace Drive	
CITY-ST-ZIP	Perry Fl 32347	
TITLE	SENIOR WARDEN (D)	
NAME	Daryll Thomas Gunter	
STREET ADDRESS	Rt 3 Box 527	
CITY-ST-ZIP	Perry Fl 32347	
TITLE	JUNIOR WARDEN (D)	
NAME	Philip Allen Powers	
STREET ADDRESS	Rt 1 Box 639	
CITY-ST-ZIP	Perry Fl 32347	
TITLE	TREASURER (D)	
NAME	Carl Raymond Williams Sr	
STREET ADDRESS	Rr 4 Box 416	
CITY-ST-ZIP	Perry Fl 32347	
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.

SIGNATURE: *[Signature]* **CLYDE MERRITT** **2/25/98** **850-584-2648**

CR2E037 (10/97)