


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

0004047

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

DOCUMENT # C10112

1. Corporation Name
PERRY LODGE NO. 123 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
---	---



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/30/1992
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 23-7161310
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	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 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 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 WMD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOCK, DONALD		1.2 NAME Daryll Thomas Gunter	
STREET ADDRESS 103 EL MATADOR DRIVE		1.3 STREET ADDRESS RR 3 BOX 197	
CITY-ST-ZIP PERRY FL 32347-1709		1.4 CITY-ST-ZIP PERRY FL 32347-9519	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MERFITT, CLYDE		2.2 NAME Philip Allen Powers	
STREET ADDRESS 118 FACE DRIVE		2.3 STREET ADDRESS Rt 1 Box 639	
CITY-ST-ZIP PERRY FL 32347		2.4 CITY-ST-ZIP PERRY FL 32347	
TITLE SWD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUNTER, DARYLL THOMAS		3.2 NAME Charles Allen Sanders	
STREET ADDRESS RT 3 BOX 527		3.3 STREET ADDRESS Rt 1 Box 736	
CITY-ST-ZIP PERRY FL 32347		3.4 CITY-ST-ZIP PERRY FL 32347-9755	
TITLE JWD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS, PHILIP ALLEN		4.2 NAME	
STREET ADDRESS RT 1 BOX 639		4.3 STREET ADDRESS	
CITY-ST-ZIP PERRY FL 32347		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, CARL RAYMOND SR.		5.2 NAME	
STREET ADDRESS RT 4 BOX 416		5.3 STREET ADDRESS	
CITY-ST-ZIP PERRY FL 32347		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED DATE 3-3-99 DAYTIME PHONE 850-544-2648

CR2E037 (1/98)