FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # C10148 (0)

1. Corporation Name

NATURAL BRIDGE LODGE NO. 106 FREE AND ACCEPTED M ASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7526401 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: SHEPPARD, ROY CONNOR
82 Stre: 220 OCEAN STREET
83: JACKSONVILLE FL 32202
84 City:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 2/6/95
Signature required or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	JW	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	WILKERSON, ROBERT	1.2 NAME	CARLIS CARLTON SIMPLER
STREET ADDRESS	RT 2 BOX 283 N/A	1.3 STREET ADDR	RT. 2
CITY-ST-ZIP	WESTVILLE FL 32464-9312	1.4 CITY-ST-ZIP	KINSTON AL 36453
TITLE	S	2.1 TITLE	SENIOR WARDEN/D
NAME	PRIDGEN, KENNETH SAMUEL	2.2 NAME	ARNIE PRYOR JR
STREET ADDRESS	RT. 3 BO 151-A	2.3 STREET ADDRES	RT 2 BOX 277
CITY-ST-ZIP	DE FUNIAK SPRINGS FL 32433-9521	2.4 CITY-ST-ZIP	WESTVILLE FL 32464-9310
TITLE	WM	3.1 TITLE	JUNIOR WARDEN/D
NAME	INABINETT, JACKIE	3.2 NAME	ROBERT WILKERSON
STREET ADDRESS	300 S 5TH ST	3.3 STREET ADDRES	RT 2 BOX 283
CITY-ST-ZIP	FLORAL AL 36442-1291	3.4 CITY-ST-ZIP	WESTVILLE FL 32464-9312
TITLE	SRW	4.1 TITLE	TREASURER/D
NAME	SIMPLER, CARLIS CARLTON	4.2 NAME	LELAND SAM PRIDGEN
STREET ADDRESS	RT 3 BOX 143-6	4.3 STREET ADDRESS	RT. 3 BOX 151-A
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32422-9803	4.4 CITY-ST-ZIP	DE FUNIAK SPRINGS FL 32433-9521
TITLE	T	5.1 TITLE	SECRETARY/D
NAME	PRIDGEN, LELAND SAM	5.2 NAME	KENNETH SAMUEL PRIDGEN
STREET ADDRESS	RT. 3 BOX 151-A	5.3 STREET ADDRESS	RT. 3, BOX 151-A
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433-9521	5.4 CITY-ST-ZIP	DE FUNIAK SPRINGS FL 32433-9521
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/1/95 MSH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kenneth Pridgen 4/13/95 (904) 354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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