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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32202-3218

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **07/10/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **WMD**
SIMPLER, CARLIS CARLTON
STREET ADDRESS **RT 2 BOX 283 N/A**
CITY-ST-ZIP **KINSTON AL 36453**

1.1 TITLE **WORSHIPFUL MASTER D**
1.2 NAME **Arnie Pryor Jr**
1.3 STREET ADDRESS **Rt 2 Box 277**
1.4 CITY-ST-ZIP **Westville FL 32464-9310**

TITLE ☐ DELETE

NAME **SWD**
PRYOR, ARNIE J.R.
STREET ADDRESS **RT 2 BOX 277**
CITY-ST-ZIP **WESTVILLE FL 32464-9310**

2.1 TITLE **SENIOR WARDEN D**
2.2 NAME **Robert Wilkerson**
2.3 STREET ADDRESS **Rt 2 Box 283**
2.4 CITY-ST-ZIP **Westville FL 32464-9312**

TITLE ☐ DELETE

NAME **JWD**
WILKERSON, ROBERT
STREET ADDRESS **RT. 2 BOX 283**
CITY-ST-ZIP **WESTVILLE FL 32464-9312**

3.1 TITLE **JUNIOR WARDEN D**
3.2 NAME **Jackie Inabinett**
3.3 STREET ADDRESS **300 S 5th St**
3.4 CITY-ST-ZIP **Florida AL 36442-1219**

TITLE ☐ DELETE

NAME **ST**
PRIDGEN, KENNETH SAMUEL
STREET ADDRESS **RT. 3 BOX 151-A**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433-9521**

4.1 TITLE **TREASURER D**
4.2 NAME **Jim Ike Ledden**
4.3 STREET ADDRESS **Rt 3 Box 563**
4.4 CITY-ST-ZIP **Freeport FL 32439-9746**

TITLE ☐ DELETE

NAME **ST**
PRIDGEN, KENNETH SAMUEL
STREET ADDRESS **RT. 3, Box 151-A**
CITY-ST-ZIP **De Funiak Springs FL 32433-9521**

5.1 TITLE **SECRETARY D**
5.2 NAME **Kenneth Samuel Pridgen**
5.3 STREET ADDRESS **Rt. 3, Box 151-A**
5.4 CITY-ST-ZIP **De Funiak Springs FL 32433-9521**

TITLE ☐ DELETE

NAME **ST**
PRIDGEN, KENNETH SAMUEL
STREET ADDRESS **RT. 3, Box 151-A**
CITY-ST-ZIP **De Funiak Springs FL 32433-9521**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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.

Kenneth S. Pridgen
2-3-97

CP2E037 (9/96)