## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

(0)

NATURAL BRIDGE LODGE NO. 106 FREE AND ACCEPTED M

ASONS OF FLORIDA

**FILED** Apr 16 1998 8:00am Secretary of State

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Principal Place of Business Malling Address								7 "	861881 HQ1 111	911 <b>49</b> 191 11817		DII <b>D</b> abii dibal		DII OLDII 1864	
C/O WILLIAM	<del>O WOL</del> F		C/O WILLIAM & WOLF					2 Coto I		المن المام	Et a al				
220 OCEAN ST			220 OCEA	220 OCEAN ST.					3. Date Incorporated or Qualified 06/30/1992						
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202								4. FEI N		96		- 1			
								1	3-75264	Λ1		⊦	_	plied For t Applicable	
2. Principal Place of Business 2a. Mailing Address									3-13204	VI		00		- ' '	
21 Pou Connot Sheomed 28 Roy China							$m \sim 0$	5. Certifi	cate of Sta	tus Desired	d 🛄			Additional quired	
Suite, Apt. #, etc. Suite, Apt. #, etc.							paris	6. Flection	on Campai	gn Financii				Aay Be	
27									Fund Cont				ded to		
City & State City & State						7. Is this nonprofit corporation a homeowners associ									
23		28						☐ Yes ☐ No							
Zip	Country					untry 8. This corporation			orporation	owes or has paid the current year Intangible			angible		
24	25		29		30					y Tax due		☐ Yes		No	
	9. Name and	Address of Current	Registered A	igent		B1 N	Name	10. Name	and Addi	ess of Ne	# Registe	red Agent			
01500	100 DOV 00W	*10D			- 1	•   r	varne								
	ARD, ROY CON	NUK			. [	82 5	Street Addre	ess (P.O. Bo	x Number	s Not Acce	eptable)				
220 OC		<b>100</b>			-	83									
JACKSU	ONVILLE FL 32	302				83									
					ľ	84 (	City					FL 85	Zip C	Code	
11. Pursuant	to the provisions	of Sections 617.0502	and 617.1508	3, Florida Statute	es, the ab	OVE-N	amed corp	oration subm	nits this sta	tement for			aing ite	s registered	
office or r agent. I a	registered agent. Im Jamiliar with a	of Sections 617.0502 or both, in the State and accept the obliga-	of Florida. Suc flons of, Section	h change was a m 617.0503. Fid	authorized orida Statu	d by thutes.	e corporati	on's board o	f directors	. I hereby a	iccept the	appointme	hi as	registered	
SIGNATURE	<b>MIC</b>	_//[_		9							2/	13/9	18		
SIGNATORE .	Signalus Typed or pri	nted name of registered agen	t and little it applical	ole. (NOTI	E: Registered	Agent s	innatura reculire	arl when reinstatin	in)		DA	TE			
12.		OFFICERS AND	DIRECTORS		13.	_ \	/QRSH:	IPFUL	MASTE	ER (	D) ERS	AND DIRE		S IN 12	
TITLE	WMD			DELETE	1.1 TIT	LE #	Arnie	Pryo	r Jr			∑ Ch	ange	Addition	
NAME	PRYOR, AR				1.2 NA	ME F	? Farn	n Rd H	Wy 18	31					
STREET ADDRESS	RT 2 BOX 2				1.3 STF	REI 🖟	Vestv:	ille F	1 324	433					
CITY-ST-ZIP		FL 32464-9310		T beiere	- <b>I</b> SE	ECR	ETARY			(D)		V		<b></b>	
TITLE	SWD	LOODERT		DELETE	9			amuel	Prid	. — ,		Х	e	Addition	
NAME	WILKERSON							Ншу (		3					
STREET ADDRESS	RT 2 BOX 2	63 FL 32464-9312						Sprin		1 32/	122-9	521			
CITY-ST-ZIP TITLE	JWD	FL 32404-8312		DELETE	_1		OR WA			(D)			_	- Addition	
NAME	MABINETT,	JACKIE				obe		kaben Vilker	ran	141		χ	Æ	Addition	
STREET ADDRESS	300 S 5TH						re w Box	==	a WII						
CITY-ST-ZIP	+	L 36442-1219						 - Fl 3	3 A L A =	.0015					
TITLE	TD	C TOTAL ILIO		DELETE	_				<u> </u>	_		DZÎ Ch	anne	☐ Addition	
NAME	LEDDEN, JII	M I					OR WA			(D)		7-0.			
STREET ADORESS	RR 3 BOX 5				_	ack		Inabin	CTT						
CITY-ST-ZIP		FL 32439-9748					5 5Th								
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NAME	PRIDGEN, K	ENNETH S		-			SURER		_	(D)		-JK ***	-		
STREET ADDRESS	RT. 3, BOX							ıman C	ampbe	11					
CITY-ST-ZIP		SPRINGS FL 3243	3-9521		R										
TITLE				DELETE	ים ד	e F	uniak	. Spri	ngs F	1 35	433-7	803	1	Addition	
NAME															
STREET ADDRESS					6.3 STF	REET ADO	ORESS				•				
CITY-ST-ZIP					64 CIT	Y-ST-7	ıp								

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.

SIGNATURE:

4/1/98

904-354-2339