


FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # C10148 (0)</b>					
1. Corporation Name <b>NATURAL BRIDGE LODGE NO. 106 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202</b>			Mailing Address <b>C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202</b>		
2. Principal Place of Business <b>21 Roy Connor Sheppard</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 Roy Connor Sheppard</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/30/1992</b>	
22 City & State		27 City & State		4. FEI Number <b>23-7526401</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26		27		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28		29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
29		30		9. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE FL 32202</b>	
31		32		10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code</b>	
33		34		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.	
35		36		SIGNATURE <b>2/13/98</b> (NOTE: Registered Agent signature necessary when reinstating)	
37		38		12. OFFICERS AND DIRECTORS <b>1.1 TITLE WMD PRYOR, ARNIE JR</b> <b>1.2 NAME RT 2 BOX 277</b> <b>1.3 STREET WESTVILLE FL 32464-9310</b>	
39		40		13. <b>WORSHIPFUL MASTER (D)</b> <b>1.1 TITLE Annie Pryor Jr</b> <b>1.2 NAME R Farm Rd Hwy 181</b> <b>1.3 STREET Westville Fl 32433</b>	
41		42		14. <b>SECRETARY (D)</b> <b>Kenneth Samuel Pridden</b> <b>17443 St. Hwy 83 N</b> <b>De Funiak Springs Fl 32433-9521</b>	
43		44		15. <b>SENIOR WARDEN (D)</b> <b>Robert Wilkerson</b> <b>Rt 2 Box 283</b> <b>Westville Fl 32464-9312</b>	
45		46		16. <b>JUNIOR WARDEN (D)</b> <b>Jackie Inabinett</b> <b>300 S 5th St</b> <b>Florida Al 36442-1219</b>	
47		48		17. <b>TREASURER (D)</b> <b>James Lehman Campbell</b> <b>Rr 3</b> <b>De Funiak Springs Fl 32433-9803</b>	
49		50		18. <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	

SIGNATURE:

*Kenneth Pridden* Kenneth Pridden

4/1/98

904-354-2339

CR2E037 (10/97)