


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90112 001 \*4,838.75

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # C10148**

1. Corporation Name

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

Principal Place of Business

**SHEPPARD, ROY CONNOR**  
**220 OCEAN ST.**  
**JACKSONVILLE FL 32202**  
**US**

Mailing Address

**SHEPPARD, ROY CONNOR**  
**220 OCEAN ST.**  
**JACKSONVILLE FL 32202**  
**US**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>06/30/1992</b>	4. FEI Number <b>23-7526401</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR**  
**220 OCEAN ST**  
**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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*N/A*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <del>DELETE</del>	1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRYOR, ARNIE JR</b>	1.2 NAME	<b>William Mitchell Head</b>
STREET ADDRESS	<b>R FARM RD HWY 181</b>	1.3 STREET ADDRESS	<b>17730 St Hwy 83</b>
CITY-ST-ZIP	<b>WESTVILLE FL 32433</b>	1.4 CITY-ST-ZIP	<b>DeFuniak Springs FL 32433</b>
TITLE	<b>SD</b> <del>DELETE</del>	2.1 TITLE	<b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Addition
NAME	<b>PRIDGEN, KENNETH SAMUEL</b>	2.2 NAME	<b>Arnold Keith Pryor</b>
STREET ADDRESS	<b>17443 ST HWY 83 N</b>	2.3 STREET ADDRESS	<b>2801 Hwy 2 East</b>
CITY-ST-ZIP	<b>DE FUNIAK SPRINGS FL 32433-9521</b>	2.4 CITY-ST-ZIP	<b>DeFuniak Springs FL 32433</b>
TITLE	<b>D</b> <del>DELETE</del>	3.1 TITLE	<b>JUNIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Addition
NAME	<b>WILKERSON, ROBERT</b>	3.2 NAME	<b>Robert Wilkerson</b>
STREET ADDRESS	<b>RT 2 BOX 283</b>	3.3 STREET ADDRESS	<b>Rt 2 Box 283</b>
CITY-ST-ZIP	<b>WESTVILLE FL 32464-9312</b>	3.4 CITY-ST-ZIP	<b>Westville FL 32464-9312</b>
TITLE	<b>D</b> <del>DELETE</del>	4.1 TITLE	<b>SECRETARY (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INABINETT, JACKIE</b>	4.2 NAME	<b>Kenneth Samuel Pridgen</b>
STREET ADDRESS	<b>300S 5TH ST</b>	4.3 STREET ADDRESS	<b>17443 St. Hwy 83 N</b>
CITY-ST-ZIP	<b>FLORALA AL 36442-1219</b>	4.4 CITY-ST-ZIP	<b>De Funiak Springs FL 32433-9521</b>
TITLE	<b>T</b> <del>DELETE</del>	5.1 TITLE	<b>TREASURER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, JAMES LEHMAN</b>	5.2 NAME	<b>Kie Collingsworth</b>
STREET ADDRESS	<b>RR 3</b>	5.3 STREET ADDRESS	<b>Rr 3 Box 164-B</b>
CITY-ST-ZIP	<b>DE FUNIAK SPRINGS FL 32433-9521</b>	5.4 CITY-ST-ZIP	<b>De Funiak Springs FL 32433-9523</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	
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: *X*

**SIGNATURE REQUIRED**

*3-11-99*

*850-834-2670*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kenneth S. Pridgen Secretary*

CR2E037 (1/98)