


FILE NOW: FILING FEE IS \$61.25

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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # C10152					
1. Corporation Name ASHMORE LODGE NO. 102 FREE AND ACCEPTED MASONS O F FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/30/1992 4. FEI Number 23-7184986 Applied For Not Applicable 5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP TITLE <input checked="" type="checkbox"/> NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP TITLE <input checked="" type="checkbox"/> NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP TITLE <input checked="" type="checkbox"/> NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE JUNIOR WARDEN (D) <input checked="" type="checkbox"/> <input type="checkbox"/> Addition 1.2 NAME Delous Richard Sparkman 1.3 STREET ADDRESS 327 Lonnie Raker Lane 1.4 CITY-ST-ZIP Crawfordville FL 32327-2706 2.1 TITLE <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: **William B. Stephens** 3/10/99 850-962-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Harshioful Master** Date Daytime Phone #

CR2E037 (11/98)