

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

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AND  
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1998 MAR 25 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # C10229 (8)**

1. Corporation Name  
**EAST HILL LODGE NO. 310 FREE AND ACCEPTED MASONS OF FLORIDA**



|   |   |
|---|---|
| Principal Place of Business<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE FL 32202<br/>US</b> | Mailing Address<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE FL 32202<br/>US</b> |
|---|---|

|  |
|--|
| 3. Date Incorporated or Qualified<br><b>06/30/1992</b> |
| 4. FEI Number<br><b>23-7164842</b>                     |
| Applied For<br><input type="checkbox"/> Not Applicable |

|  |  |
|--|--|
| 21. Principal Place of Business<br>Suite, Apt. #, etc. | 22. Mailing Address<br>Suite, Apt. #, etc. |
| 23. City & State                                       | 24. City & State                           |
| 25. Zip Country  | 26. Zip Country                            |

|  |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |
| 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 |

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

|   |   |
|---|---|
| 81 Name   |   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |   |
| 83  | <b>388882469623-6<br/>-03/26/98--01084--001</b> |
| 84 City   | <b>***5083. FL ***01:25</b>                     |

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]* DATE: **2-13-98**

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>WMD</b> <input type="checkbox"/> DELETE          | 1.1 TITLE   | <b>WORSHIPFUL MASTER (D) X</b> Change <input type="checkbox"/> Addition |
| NAME                       | <b>YARBROUGH, MERLE G</b>                           | 1.2 NAME  | <b>David Earl Bailey Jr</b>   |
| STREET ADDRESS             | <b>1490 JOHN CARROLL DR.</b>                        | 1.3 STREET ADDRESS                                    | <b>3236 Kings Mill Dr</b>   |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32504-7117</b>                      | 1.4 CITY-ST-ZIP                                       | <b>Pace FL 32571</b>  |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE           | 2.1 TITLE   | <b>SECRETARY (D) X</b> Change <input type="checkbox"/> Addition         |
| NAME                       | <b>MATHEWS, WILLIAM L</b>                           | 2.2 NAME  | <b>William Gregory Mabry</b>  |
| STREET ADDRESS             | <b>2661 SCENIC HWY</b>                              | 2.3 STREET ADDRESS                                    | <b>1811 E DeSoto St.</b>  |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32503-5129</b>                      | 2.4 CITY-ST-ZIP                                       | <b>Pensacola FL 32501-3512</b>  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <b>SENIOR WARDEN (D) X</b> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>TYSON, JESSE M JR</b>                            | 3.2 NAME  | <b>Bruce Alan Francis</b>   |
| STREET ADDRESS             | <b>115 MIRADELLE CIR</b>                            | 3.3 STREET ADDRESS                                    | <b>4215 Lynn Ora Dr</b>   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                                 | 3.4 CITY-ST-ZIP                                       | <b>Pensacola FL 32504</b>   |
| TITLE                      | <b>JWD</b> <input type="checkbox"/> DELETE          | 4.1 TITLE   | <b>JUNIOR WARDEN (D) X</b> Change <input type="checkbox"/> Addition     |
| NAME                       | <b>MEA, NICHOLAS C JR</b>                           | 4.2 NAME  | <b>William Marcellous Middleton</b>                                     |
| STREET ADDRESS             | <b>307 ADA WILSON AVE.</b>                          | 4.3 STREET ADDRESS                                    | <b>4216 Croydon Rd</b>  |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32507-2415</b>                      | 4.4 CITY-ST-ZIP                                       | <b>Pensacola FL 32514-6814</b>  |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE           | 5.1 TITLE   | <b>TREASURER (D) X</b> Change <input type="checkbox"/> Addition         |
| NAME                       | <b>MABRY, WILLIAM G</b>                             | 5.2 NAME  | <b>John Walter Horne</b>  |
| STREET ADDRESS             | <b>1811 E DESOTO ST</b>                             | 5.3 STREET ADDRESS                                    | <b>34189 Medlin Lane</b>  |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                                 | 5.4 CITY-ST-ZIP                                       | <b>Lillian AL 36549-4014</b>  |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE           | 6.1 TITLE   |   |
| NAME                       | <b>MATTHEWS, WILLIAM LEE</b>                        | 6.2 NAME  |   |
| STREET ADDRESS             | <b>2661 SCENIC WAY</b>                              | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PENSACOLA FL</b>                                 | 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.

SIGNATURE: *David E. Bailey, Jr.* DATE: **2/24/98** **858 439-0153**

CR2E037 (10/97)