

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-15-1999 90112 001 *4,838.75

DOCUMENT # C10229

1. Corporation Name

EAST HILL LODGE NO. 310 FREE AND ACCEPTED MASONS
OF 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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7164842

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE WMD
NAME BAILEY, DAVID E JR
STREET ADDRESS 3236 KINGS MILL DR
CITY-ST-ZIP PACE FL 32571

TITLE SD
NAME MABRY, WILLIAM G
STREET ADDRESS 1811 E. DESOTO ST
CITY-ST-ZIP PENSACOLA FL 32501-3512

TITLE SWD
NAME FRANCIS, BRUCE A
STREET ADDRESS 4215 LYNN ORA DR
CITY-ST-ZIP PENSACOLA FL 32504

TITLE JWD
NAME MIDDLETON, WILLIAM M
STREET ADDRESS 4216 CROYDON RD
CITY-ST-ZIP PENSACOLA FL 32514-6814

TITLE TD
NAME HORNE, JOHN W
STREET ADDRESS 34189 MEDLIN LANE
CITY-ST-ZIP LILLIAN AL 36549-4014

TITLE SD
NAME MATTHEWS, WILLIAM LEE
STREET ADDRESS 2661 SCENIC WAY
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WORSHIPFUL MASTER (D)
1.2 NAME Bruce Alan Francis
1.3 STREET ADDRESS 4215 Lynn Ora Dr
1.4 CITY-ST-ZIP Pensacola FL 32504

2.1 TITLE SENIOR WARDEN (D)
2.2 NAME Roger Gottfried Voelker
2.3 STREET ADDRESS 400 N Sunset Blvd
2.4 CITY-ST-ZIP Gulf Breeze FL 32561

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE REQUIRED

3-10-99

850-4324822

Date

Daytime Phone #

CR2E037 (11/98)