


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10309** (8)

1. Corporation Name

ALACHUA LODGE NO. 26 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 01/13/1857	
4. FEI Number 59-6159289	Applied For <input type="checkbox"/> Not Applicable

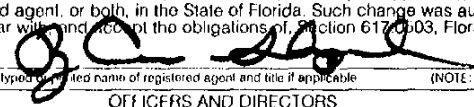
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <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	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4000002486184
83	-04/13/98--01018--026
84 City	***5083.75
85 Zip Code	FL

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  DATE **2/13/98**

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David O Nieland
1.3 STREET ADDRESS	P.O. Box 214
1.4 CITY-ST-ZIP	Alachua FL 32615-0214
2.1 TITLE	SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wendel Eugene Polk
2.3 STREET ADDRESS	Rt. 1 Box 124A
2.4 CITY-ST-ZIP	Alachua FL 32615-9339
3.1 TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thomas Cole Spencer
3.3 STREET ADDRESS	18904 N W County Rd 235A
3.4 CITY-ST-ZIP	Alachua FL 32615
4.1 TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gene Edward Carter
4.3 STREET ADDRESS	P. O. Box 426
4.4 CITY-ST-ZIP	High Springs FL 32643-0426
5.1 TITLE	TREASURER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Johnny Franklin Copeland
5.3 STREET ADDRESS	19201 NW CR 235-A
5.4 CITY-ST-ZIP	Alachua FL 32615-9730
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 617.0502, Florida Statutes, and 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:  DATE **3-3-98**

CR2E037 (10/97)