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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
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DOCUMENT # C10309

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/13/1857
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6159289
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, WENDEL EUGENE	1.2 NAME	Homer Deihl Burnett
STREET ADDRESS	RT 1 BOX 124A	1.3 STREET ADDRESS	Rt 2 Box 22
CITY-ST-ZIP	ALACHUA FL 32615-9339	1.4 CITY-ST-ZIP	Alachua FL 32615
TITLE	WMD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELAND, DAVID O	2.2 NAME	Gene Edward Carter
STREET ADDRESS	P.O. BOX 214 N/A	2.3 STREET ADDRESS	P. O. Box 426 N/A
CITY-ST-ZIP	ALACHUA FL 32615-0214	2.4 CITY-ST-ZIP	High Springs FL 32643-0426 <input type="checkbox"/> Addition
TITLE	SWD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, THOMAS COLE	3.2 NAME	Wesley Allen Carter
STREET ADDRESS	18904 NW COUNTY RD 235A	3.3 STREET ADDRESS	1021 N E 156Th Ave
CITY-ST-ZIP	ALACHUA FL 32615	3.4 CITY-ST-ZIP	Gainesville FL 32609
TITLE	JWD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	CARTER, GENE EDWARD	4.2 NAME	
STREET ADDRESS	P.O. BOX 426 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643-0426	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JOHNNY FRANKLIN COPELAND	5.2 NAME	
STREET ADDRESS	19201 NW CR 235-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615-9730	5.4 CITY-ST-ZIP	
TITLE	<input 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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99

904-354-2339

CR2E037 (11/98)