


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90018 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # C92000000011					
1. Corporation Name LIVE OAK COUNCIL NO. 16, ROYAL AND SELECT MASTER S					
Principal Place of Business MAYO MASONIC LODGE US 27 E MAYO FL 32066 US			Mailing Address JAMES S FOSTER P O BOX 1691 MAYO FL 32066 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1953	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23		28		59-3187944	
24 City & State		29 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Zip		30 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Country		31 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOSTER, JAMES S 913 CENTRAL AVE E STIENHATCHEE FL 32359				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE																																																																																																																																																																																																	
12. OFFICERS AND DIRECTORS																																																																																																																																																																																																							
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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** 2/13/99 352-498-2317
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)