


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 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 # N00773 (4)

1. Corporation Name
MASONIC BUILDING CLUB, INC.



Principal Place of Business 1104 WEST JACKSON PENSACOLA FL 32501 US	Mailing Address 2517 NORTH "L" STREET PENSACOLA FL 32505 US
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3. Date Incorporated or Qualified 01/06/1984	
4. FEI Number 59-2447451	Applied For Not Applicable

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

PATE, BERNETT
 2517 NORTH "L" ST
 PENSACOLA FL 32505

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PATE, BERNETT	
STREET ADDRESS	2517 N "L" ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GHASKIN, ELOISE	
STREET ADDRESS	610 E. FISHER ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, GEORGIA	
STREET ADDRESS	1431 E. BAARS ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PURIFY, JAMES H.	
STREET ADDRESS	1310 GERMAIN	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	LEE, ROBERT	
STREET ADDRESS	19 PEARL ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pate, Bernett	
1.3 STREET ADDRESS	2517, N. L. St. Pensacola Fl.	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Milfred Jackson	
2.3 STREET ADDRESS	1713 W. Barbara St.	
2.4 CITY-ST-ZIP	Pensacola Fl.	
3.1 TITLE	S.D. Ellis Rainey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3407 W. Scott St	
3.4 CITY-ST-ZIP	Pensacola Fl. 32505	
4.1 TITLE	T, James Purify	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1310 Germain	
4.4 CITY-ST-ZIP	Pensacola Fl.	
5.1 TITLE	C, Jimmie Weatherston	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	224 W. Chase St.	
5.4 CITY-ST-ZIP	Pensacola Fl.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Bernett Pate*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (5/98)