


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000003095		
1. Entity Name TOMBS OF SOLOMON GRAND LODGE #63/BRIGHT MORNING STAR GRAND CHAPTER # 64, INC.		
Principal Place of Business 2802 N. PEARL STREET JACKSONVILLE, FL 32206	Mailing Address P O BOX 40085 JACKSONVILLE, FL 32203	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OUTIN, LARRANZIA JR 3620 ANTAR RIDGE LANE JACKSONVILLE, FL 32218		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, DAN JR 2210 FOREST HILLS ROAD JACKSONVILLE, FL 32208	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SPENCER, ROBERTA A 2637 SAM HOUSTON PLACE JACKSONVILLE, FL 32246	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT OUTIN, LORANZIA JR 3620 ANTAR RIDGE LANE JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WISE, GERALYN 10211 SWARTHMORE DRIVE JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHOWERS, LENORA 5029 JIES CT. JACKSONVILLE, FL 32209	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIXON, LARRY 8968 PALOS VERDE DRIVE ORLANDO, FL 32825	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>LORANZIA OUTIN JR.</u> LORANZIA OUTIN JR. <u>2/19/04</u> <u>(904) 764-9900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3244952	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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02/23/04-80003-012. 61.25