

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000836 (5)

1. Corporation Name

EASTERN STAR TEMPLE ASSOCIATION OF JACKSONVILLE,
INC.



Principal Place of Business

Mailing Address

35 PHELPS ST
JACKSONVILLE FL 32202

~~35 PHELPS ST~~ 13016 Chameleon Dr.
JACKSONVILLE FL 32202 32223

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report
April 10, 1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2997116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, BETTY S
13016 CHAMELEON DRIVE
JACKSONVILLE FL 32223

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 PD
NAME CLARK, MARY M
STREET ADDRESS 501 N OCEAN ST #912
CITY-ST-ZIP JACKSONVILLE FL 32202

☒ DELETE

1.1 TITLE ~~President~~ PD
1.2 NAME Mrs. Kathy Steele
1.3 STREET ADDRESS 4879 Brighton Dr.
1.4 CITY-ST-ZIP Jacksonville, FL 32217

☒ Change

☐ Addition

TITLE VD
NAME RAMSDELL, EDNA LOIS
STREET ADDRESS 12320 MACAW DR
CITY-ST-ZIP JACKSONVILLE FL 32223

☒ DELETE

2.1 TITLE ~~President~~ VD
2.2 NAME Mr. Richard A. Warkentine
2.3 STREET ADDRESS 10556 Rocky Garden Lane
2.4 CITY-ST-ZIP Jacksonville, FL 32217

☒ Change

☐ Addition

TITLE STD
NAME GRAHAM, BETTY S
STREET ADDRESS 13016 CHAMELEON DR
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ DELETE

3.1 TITLE ~~Secretary~~ STD
3.2 NAME Mrs. Betty S. Graham
3.3 STREET ADDRESS 13016 Chameleon Dr.
3.4 CITY-ST-ZIP Jacksonville, FL 32223

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Betty S. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96

Date

904-268-6922

Daytime Phone #

CR2E037 (12/95)