

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90101 042 ****61.25

DOCUMENT # N95000000836					
1. Entity Name EASTERN STAR TEMPLE ASSOCIATION OF JACKSONVILLE, INC.					
Principal Place of Business 35 PHELPS ST JACKSONVILLE, FL 32202			Mailing Address 12320 MACAW DR JACKSONVILLE, FL 32223 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2163 Suite, Apt. #, etc.			
City & State City: CALLAHAN, FL State: 71		4. FEI Number 59-2997116		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32011		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMSDELL, EDNA D 12320 MACAW DRIVE JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent Name: ANNETTE C. MYERS Street Address (P.O. Box Number is Not Acceptable): 45157 EULA-B RD City: CALLAHAN FL Zip Code: 32011		
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: <u>ANNETTE C. MYERS</u> ANNETTE C. MYERS, ST (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/15/04</u>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARKENTINE, RICHARD 10556 ROCKY GARDEN LN. JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONALD L. MYERS 45157 EULA-B RD CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAMSDELL, EDNA 12320 MACAW DRIVE JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANNETTE C. MYERS 45157 EULA-B RD CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDERS, ALICE Y 451 MALCROSS ST. JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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>ANNETTE C. MYERS</u> ANNETTE C. MYERS, ST		<u>4/15/04</u>		<u>904 879 0197</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	