

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90291 005 \*\*\*\*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: **PO BOX 2163 CALLAHAN FL 32011 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **Same**  
 Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

1st MOORE CR2E037 (10/04)  
 4. FEI Number: **59-2997116**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MYERS, ANNETTE C**  
**45157 EULA B RD**  
**CALLAHAN FL 32011**

7. Name and Address of New Registered Agent  
 Name: **Same**  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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: **Annette C Myers** (NOTE: Registered Agent signature required when reinstating)  
 DATE: **4/13/05**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: MYERS, DONALD L STREET ADDRESS: 45157 EULA B RD. CITY-ST-ZIP: CALLAHAN FL 32011	<input checked="" type="checkbox"/> Delete
TITLE: ST NAME: MYERS, ANNETTE C STREET ADDRESS: 45157 EULA-B RD CITY-ST-ZIP: CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE: VD NAME: SANDERS, ALICE Y STREET ADDRESS: 451 MALCROSS ST. CITY-ST-ZIP: JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: Richard WARKENTJUE STREET ADDRESS: 10556 ROCKY GARDEN LN. CITY-ST-ZIP: JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: DONALD MYERS STREET ADDRESS: 45157 EULA-B RD CITY-ST-ZIP: CALLAHAN, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **Annette C Myers st** DATE: **4/13/04** DAYTIME PHONE #: **904 879 0197**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR