
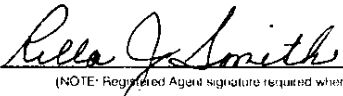


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90173 020 ****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		3. Mailing Address 12335 Macaw Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
		32223	US
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 SMITH, RILLA J Street Address (P.O. Box Number is Not Acceptable) 12335 MACAW DR. City JACKSONVILLE FL Zip Code 32223	
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 RILLA J SMITH  APRIL 10, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 MARY CLARK 501 N.OCEAN ST. APT.912 JACKSONVILLE, FL. 32202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MYERS, ANNETTE C 45157 EULA-B RD CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, RILLA J 12335 MACAW DR. JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYERS, DONALD 45157 EULA B RD CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARKENTINE, RICHARD 10556 ROCKY GARDEN LANE JACKSONVILLE, FL 32257 <input checked="" 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 exemptions contained in Section 119, 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:  RILLA J SMITH

APRIL 10, 2006 (904)268-0712