


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000836 1. Entity Name EASTERN STAR TEMPLE ASSOCIATION OF JACKSONVILLE, INC.	
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Principal Place of Business 35 PHELPS ST JACKSONVILLE, FL 32202	Mailing Address 12335 MACAW DR JACKSONVILLE, FL 32223 US
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02072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2997116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, RILLA J
12335 MACAW DR
JACKSONVILLE, FL 32223**

**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 T-Rilla J Smith *Rilla J Smith* 2-10-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, MARY 501 N OCEAN ST., APT 912 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RILLA J 12335 MACAW DR JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARKENTINE, RICHARD 10556 ROCKY GARDEN LANE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/07-80008-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: T-Rilla J Smith *Rilla J Smith* 2-10-2007 (904)268-0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #