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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N98000002682

1. Corporation Name

SOUTHEASTERN SHRINE ASSOCIATION CONVENTION OF 2000, INC.

Principal Place of Business

3800 ST. JOHNS BLUFF RD..SO.  
 JACKSONVILLE FL 32224

Mailing Address

3800 ST. JOHNS BLUFF RD..SO.  
 JACKSONVILLE FL 32224



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/06/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

# 59-9519137

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYANT, JOHN N  
 1101 BLACKSTONE BLDG  
 JACKSONVILLE FL 32202

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 PT  DELETE

NAME DOSS, ARTHUR L

STREET ADDRESS 6289 NANCY DR.

CITY-ST-ZIP JAX FL 32244

TITLE TVP  DELETE

NAME THIGPEN, GARY

STREET ADDRESS 724 OCEANFRONT

CITY-ST-ZIP NEPTUNE BCH. FL 32226

TITLE TT  DELETE

NAME HARDY, JOHN M

STREET ADDRESS 3800 ST. JOHNS BLUFF RD. S.

CITY-ST-ZIP JAX FL 32277

TITLE TS  DELETE

NAME JONES, DOUGLAS E

STREET ADDRESS 4426 OAKS BAY DR.,W.

CITY-ST-ZIP JAX FL 62277

TITLE TGC  DELETE

NAME BRYANT, JOHN N

STREET ADDRESS 1101 BLACKSTONE BLDG.

CITY-ST-ZIP JAX FL 32202

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *John M. Hardy* (JOHN M. HARDY)

2/15/99 (904)642-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)