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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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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 20  
00, 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

# 59-3513137

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24 25 29 30

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 ☐ DELETE  
NAME **PT**  
STREET ADDRESS **DOSS, ARTHUR L**  
CITY-ST-ZIP **6289 NANCY DR.  
JAX FL 32244**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TV**  
STREET ADDRESS **THIGPEN, GARY**  
CITY-ST-ZIP **724 OCEANFRONT  
NEPTUNE BCH. FL 32226**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TT**  
STREET ADDRESS **HARDY, JOHN M**  
CITY-ST-ZIP **3800 ST. JOHNS BLUFF RD. S.  
JAX FL 32277**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TS**  
STREET ADDRESS **JONES, DOUGLAS E**  
CITY-ST-ZIP **4426 OAKS BAY DR.,W.  
JAX FL 62277**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TGC**  
STREET ADDRESS **BRYANT, JOHN N**  
CITY-ST-ZIP **1101 BLACKSTONE BLDG.  
JAX FL 32202**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99 (904) 642-5200  
Date Daytime Phone #

CR2E037 (11/98)