

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10021 (9)

HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business: C/O WILLIAM G WOLF, 220 OCEAN ST, JACKSONVILLE FL 32202
Mailing Address: C/O WILLIAM G WOLF, 220 OCEAN ST, JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business: 21 ROY CONNOR SHEPPARD
2a. Mailing Address: 26 ROY CONNOR SHEPPARD
22, 23, 24: City, State, Zip, Country fields for both locations.

4. FEI Number: 23-7526466
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SHEPPARD, ROY CONNOR, 220 OCEAN STREET, JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83 City, 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] DATE: 2/16/96

12. OFFICERS AND DIRECTORS

TITLE	WMD	DELETE
NAME	MENGLING, RICHARD D	
STREET ADDRESS	P.O. BOX 1618 N/A	
CITY-ST-ZIP	WINTER HAVEN FL 33882-1618	
TITLE	SWD	DELETE
NAME	GILL, RAYMOND A	
STREET ADDRESS	515 SYCAMORE LANE	
CITY-ST-ZIP	HAINES CITY FL 33844-8662	
TITLE	JWD	DELETE
NAME	BURTON, ADDISON K	
STREET ADDRESS	328 S 2ND ST.	
CITY-ST-ZIP	HAINES CITY FL 33844-5114	
TITLE	TD	DELETE
NAME	CARPENTER, OLIVER L JR	
STREET ADDRESS	P.O. BOX 932 N/A	
CITY-ST-ZIP	EATON PARK FL 33840-0932	
TITLE	SD	DELETE
NAME	WHITE, CARL R	
STREET ADDRESS	309 PENNSYLVANIA ST.	
CITY-ST-ZIP	HAINES CITY FL 33844-3833	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)
1.2 NAME	RAYMOND ARTHUR GILL
1.3 STREET ADDRESS	515 SYCAMORE LANE
1.4 CITY-ST-ZIP	HAINES CITY FL 33844-8662
2.1 TITLE	SENIOR WARDEN (D)
2.2 NAME	ADDISON KENT BURTON
2.3 STREET ADDRESS	328 S 2ND ST
2.4 CITY-ST-ZIP	HAINES CITY FL 33844-5114
3.1 TITLE	JUNIOR WARDEN (D)
3.2 NAME	THOMAS LEE PORTER
3.3 STREET ADDRESS	117 N 18TH STREET
3.4 CITY-ST-ZIP	HAINES CITY FL 33844-4803
4.1 TITLE	TREASURER (D)
4.2 NAME	OLIVER LEROY CARPENTER JR
4.3 STREET ADDRESS	P.O. BOX 932 N/A
4.4 CITY-ST-ZIP	EATON PARK FL 33840-0932
5.1 TITLE	SECRETARY (D)
5.2 NAME	CARL ROBERT WHITE
5.3 STREET ADDRESS	309 PENNSYLVANIA ST
5.4 CITY-ST-ZIP	HAINES CITY FL 33844-3833
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute an admission of liability. 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.

SIGNATURE: [Signature] DATE: 3/11/96

CR2E037 (12/95)

92-2-76