

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)

1. Corporation Name

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



Principal Place of Business

Mailing Address

~~C/O WILLIAM G WOLF~~
220 OCEAN ST
JACKSONVILLE FL 32202

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

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**

26 **ROY CONNOR SHEPPARD**

4. FEI Number
23-7526466

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

200001766342
-04/02/96--01061--001

84 City

*****5083.75**

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

Raymond A. Gill

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when re-registering)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D)
RAYMOND ARTHUR GILL
515 SYCAMORE LANE
HAINES CITY FL 33844-8662

SENIOR WARDEN (D)
ADDISON KENT BURTON
328 S 2ND ST
HAINES CITY FL 33844-5114

JUNIOR WARDEN (D)
THOMAS LEE PORTER
117 N 18TH STREET
HAINES CITY FL 33844-4803

TREASURER (D)
OLIVER LEROY CARPENTER JR
P.O. BOX 932 N/A
EATON PARK FL 33840-0932

SECRETARY (D)
CARL ROBERT WHITE
309 PENNSYLVANIA ST
HAINES CITY FL 33844-3833

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute an admission of liability; that the information indicated on this annual report or supplemental annual report is true and accurate; 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.

SIGNATURE: *Raymond A. Gill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date Daytime Phone #

904-854-2339

CR2E037 (12/95)

92-2-76