## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C10021

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HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASO

NS OF FLORIDA Principal Place of Business Mailing Address NOY CONNOR SHEPPARD ROY CONNOR SHEPPARD 20 OCEAN ST 220 OCEAN ST IACKSONVILLE FL 32202 JACKSONVILLE FL 32202-3218 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1992 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 23-7526466 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Zip Country Country B. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SHEPPARD, ROY CONNOR 82 Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET 83 JACKSONVILLE FL 32202 **B4** City Zip Code 85 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 Sale of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I a familiar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE TITLE 1.1 TITLE Addison Kent Burton NAME 1.2 NAME GILL, RAYMOND A 328 5 2Nd St STREET ADDRESS 515 SYCAMORE LANE 1.3 STREET ADDRESS Haines City Fl 33844-5114 <u> Haines city fl 33844-8662</u> CITY-ST-ZIP 1.4 CITY-ST-ZIP SENIOR WARDEN DELETE TITLE 2.1 TITLE SWD Thomas Lee Porter NAME BURTON, ADDISON K 117 N 18Th Street STREET ADDRESS 328 S 2ND ST. 2.3 STREET ADDRESS Haines City F1 33844-4803 HAINES CITY FL 33844-5114 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE JUNIOR WARDEN  $\mathcal D$ TITLE 3.1 TITLE Mark Albert Mozdzierz NAME PORTER, THOMAS L 3.2 NAME 2709 F D C Grove Rd STREET ADDRESS 117 N 18TH STREET 3.3 STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844-4803 3.4. CITY-ST-ZIP Davenport FL 33837 DELETE 4.1 TITLE TITLE TREASURER NAME Carpenter, Oliver L JR 4.2 NAME Oliver Leroy Corpenter Jr 4.3 STREET ADDRESS STREET ADDRESS P.O. BOX 932 N/A P.O. Box 932 NIA EATON PARK FL 33840-0932 4.4 CITY - ST - ZIP CITY-ST-ZIP Eaton Park F1 33840-0932 DELETE 5.1 TITLE TITLE SD SECRETARY NAME WHITE, CARL R 5.2 NAME Raymond Arthur Gill 309 PENNSYLVANIA ST. 5.3 STREET ADDRESS STREET ADDRESS 515 Sycamore Lane CITY-ST-ZIP HAINES CITY FL 33844-3833 5.4 CITY - ST - ZIP Haines City F1 33844-866 DELETE TITLE 6.1 TITLE 000002200130 -06/03/97--01091--001 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*1225.00

6.4 CITY-ST-ZIP 14. I do 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.

Raumond A. Gill

Raymond A. Gill