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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202  
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified 06/30/1992 3a. Date of Last Report 04/02/1996  
4. FEI Number 23-7526466 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$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  
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]* DATE 2-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMO <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME	GILL, RAYMOND A	1.2 NAME	Addison Kent Burton
STREET ADDRESS	515 SYCAMORE LANE	1.3 STREET ADDRESS	328 S 2ND ST
CITY-ST-ZIP	HAINES CITY FL 33844-8682	1.4 CITY-ST-ZIP	Haines City Fl 33844-5114
TITLE	SWD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	BURTON, ADDISON K	2.2 NAME	Thomas Lee Porter
STREET ADDRESS	328 S 2ND ST.	2.3 STREET ADDRESS	117 N 18th Street
CITY-ST-ZIP	HAINES CITY FL 33844-5114	2.4 CITY-ST-ZIP	Haines City Fl 33844-4803
TITLE	JWD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	PORTER, THOMAS L	3.2 NAME	Mark Albert Mozdierz
STREET ADDRESS	117 N 18TH STREET	3.3 STREET ADDRESS	2709 F D C Grove Rd
CITY-ST-ZIP	HAINES CITY FL 33844-4903	3.4 CITY-ST-ZIP	Davenport FL 33837
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER D
NAME	CARPENTER, OLIVER L JR	4.2 NAME	Oliver Leroy Carpenter Jr
STREET ADDRESS	P.O. BOX 932 N/A	4.3 STREET ADDRESS	P.O. Box 932 N/A
CITY-ST-ZIP	EATON PARK FL 33840-0932	4.4 CITY-ST-ZIP	Eaton Park Fl 33840-0932
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY D
NAME	WHITE, CARL R	5.2 NAME	Raymond Arthur Gill
STREET ADDRESS	309 PENNSYLVANIA ST.	5.3 STREET ADDRESS	515 Sycamore Lane
CITY-ST-ZIP	HAINES CITY FL 33844-3833	5.4 CITY-ST-ZIP	Haines City Fl 33844-8662
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*[Handwritten signature]* 5/20/97

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.

*[Signature]* Raymond A. Gill

CR2E037 (9/96)