

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10021 (9)**
1. Corporation Name
HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASO NS OF FLORIDA



Principal Place of Business Mailing Address
ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 23-7526466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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)
300002486123
83
-04/13/98--01018--026
*****5083.75**
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 **2/13/98**

12. OFFICERS AND DIRECTORS		13. DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, RAYMOND A	1.2 NAME	Thomas Lee Porter
STREET ADDRESS	515 SYCAMORE LANE	1.3 STREET ADDRESS	117 N 18TH Street
CITY-ST-ZIP	HAINES CITY FL 33844-8662	1.4 CITY-ST-ZIP	Haines City Fl 33844
TITLE	WMD	2.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, ADDISON K	2.2 NAME	Richard Dean Mengeling
STREET ADDRESS	328 S 2ND ST.	2.3 STREET ADDRESS	47 North 6th St
CITY-ST-ZIP	HAINES CITY FL 33844-5114	2.4 CITY-ST-ZIP	Haines City Fl 33844
TITLE	SWD	3.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 33844-4803	3.4 CITY-ST-ZIP	Davenport FL 33837
TITLE	TD	4.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, OLIVER L JR	4.2 NAME	Charles Courtland Witcher
STREET ADDRESS	P.O. BOX 932 N/A	4.3 STREET ADDRESS	1801 Angle Ave
CITY-ST-ZIP	EATON PARK FL 33840-0932	4.4 CITY-ST-ZIP	Haines City Fl 33844
TITLE	JWD	5.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOZDIERZ, MARK A	5.2 NAME	Oliver Leroy Carpenter Jr
STREET ADDRESS	2709 F D C GROVE RD	5.3 STREET ADDRESS	P.O. Box 932 N/A
CITY-ST-ZIP	DAVENPORT FL 33837	5.4 CITY-ST-ZIP	Eaton Park Fl 33840-0932
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **THOMAS PORTER** *[Signature]* **2/28/98** **354-2339**

CR2E037 (10/97)