

FILE NOW: FILING FEE IS \$61.25

FILED
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 ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 23-7526466	Applied For <input type="checkbox"/> Not Applicable

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

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)
300012486123
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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)