

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90112 001 \*4,838.75

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10021**

1. Corporation Name  
**HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7526466
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE WMD	NAME PORTER, THOMAS L	1.1 TITLE WORSHIPFUL MASTER (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 117 N. 18TH STREET	CITY-ST-ZIP HAINES CITY FL 33844	1.2 NAME Mark Albert Mozdziarz	
TITLE SD	NAME MENGELING, RICHARD D	1.3 STREET ADDRESS 2709 F D C Grove Rd	
STREET ADDRESS 47 NORTH 6TH STREET	CITY-ST-ZIP HAINES CITY FL 33844	1.4 CITY-ST-ZIP Davenport FL 33837	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE SWD	NAME MOZDZIERZ, MARK A	2.1 TITLE SENIOR WARDEN (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2709 F D C GROVE ROAD	CITY-ST-ZIP DAVENPORT FL 33837	2.2 NAME Charles Courtland Witcher	
TITLE JWD	NAME WITCHER, CHARLES C	2.3 STREET ADDRESS 1801 Angle Ave	
STREET ADDRESS 1801 ANGLE AVENUE	CITY-ST-ZIP HAINES CITY FL 33844	2.4 CITY-ST-ZIP Haines City FL 33844	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE TD	NAME CARPENTER, OLIVER L JR	3.1 TITLE JUNIOR WARDEN (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS P.O. BOX 932 N/A	CITY-ST-ZIP EATON PARK FL 33840-0932	3.2 NAME Thomas Cecil Leach	
TITLE [Blank]	NAME [Blank]	3.3 STREET ADDRESS 1701 Commerce Ave Lot. #7	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	3.4 CITY-ST-ZIP Haines City FL 33844	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE [Blank]	NAME [Blank]	4.1 TITLE SECRETARY (D) X	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	4.2 NAME Robert D Clanin	
TITLE [Blank]	NAME [Blank]	4.3 STREET ADDRESS 25 Ranch Trailer Rd	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	4.4 CITY-ST-ZIP Haines City FL 33844-9748	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE [Blank]	NAME [Blank]	5.1 TITLE [Blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	5.2 NAME [Blank]	
TITLE [Blank]	NAME [Blank]	5.3 STREET ADDRESS [Blank]	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	5.4 CITY-ST-ZIP [Blank]	
TITLE [Blank]	NAME [Blank]	6.1 TITLE [Blank]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	6.2 NAME [Blank]	
TITLE [Blank]	NAME [Blank]	6.3 STREET ADDRESS [Blank]	
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	6.4 CITY-ST-ZIP [Blank]	

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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED Robert D. Clanin 3-9-99 941-439-1477  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Robert D. Clanin, Secretary

CR2E037 (1/198)