

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -1 PM 8:54

DOCUMENT # **C10051** (6)

1. Corporation Name

**BEAVER CREEK LODGE NO. 230 FREE AND ACCEPTED MAS  
ONS OF FLORIDA**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500001419905

-03/02/95--01109--001

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O WILLIAM G WOLF  
220 OCEAN ST.  
JACKSONVILLE FL 32202

C/O WILLIAM G WOLF  
220 OCEAN ST.  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
**06/30/1992**

3a. Date of Last Report  
**04/29/1994**

4. FEI Number  
**23-7526474**

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

23 City & State

2b City & State

24 Zip

25 Country

2b Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, WILLIAM G.  
220 OCEAN STREET  
JACKSONVILLE FL 32202

81 SHEPPARD, ROY CONNOR  
82 220 OCEAN STREET  
83 JACKSONVILLE FL 32202  
84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required)

2/6/95

12. OFFICERS AND DIRECTORS

TITLE	WM
NAME	BEIER, WILLIAM R
STREET ADDRESS	3142 EARL KENNEDY RD
CITY - ST - ZIP	CRESTVIEW FL
TITLE	S
NAME	BOYETT, GREGORY D
STREET ADDRESS	88 DANIEL JOHNSON RD
CITY - ST - ZIP	BAKER FL
TITLE	SW
NAME	MAULDEN, JACK C
STREET ADDRESS	2547 SEA ROBIN ROAD
CITY - ST - ZIP	PENSACOLA FL
TITLE	T
NAME	BOOKER, WINDELL G
STREET ADDRESS	RT 2
CITY - ST - ZIP	BAKER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

WORSHIPFUL MASTER /D  
WINDELL GARY BOOKER  
8228 BEAVER CREEK RD  
BAKER FL 32531-9802  
SENIOR WARDEN /D  
EDDY CARROLL WHOBREY SR  
119 PATCH AVE  
CRESTVIEW FL 32536  
JUNIOR WARDEN /D  
RICHARD HENRY LANQUE  
974 LIGHTHOUSE CHURCH RD  
HOLT FL 32564-9711  
TREASURER /D  
WILLIAM ROBERT JOHNSON  
6745 MCVAY RD  
BAKER FL 32531-9802

SECRETARY /D  
GREGORY DALE BOYETT  
88 DANIEL JOHNSON RD  
BAKER FL 32531-9615

3/1/95  
MS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

*WindeLL Gary Booker*

2-11-95

904-537-2124

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone Number