

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **C10051 (6)**

1. Corporation Name
BEAVER CREEK LODGE NO. 230 FREE AND ACCEPTED MASONS OF FLORIDA



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 **03/01/1995**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
300001766349
-04702796--01061--001
*****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]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

2/16/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D)
NAME	BOOKER, WINDELL G	1.2 NAME	EDDY CARROLL WHOBREY SR
STREET ADDRESS	8228 BEAVER CREEK RD	1.3 STREET ADDRESS	150 PATCH AVE
CITY-ST-ZIP	BAKER FL 32531-9802	1.4 CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	SWD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D)
NAME	WHOBREY, EDDY C SR	2.2 NAME	RICHARD HENRY LANOUE
STREET ADDRESS	119 PATCH AVE.	2.3 STREET ADDRESS	974 LIGHTHOUSE CHURCH RD
CITY-ST-ZIP	CRESTVIEW FL 32536	2.4 CITY-ST-ZIP	HOLT FL 32564-9711
TITLE	JWD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D)
NAME	LANOUE, RICHARD H	3.2 NAME	WILFRED HENRY LANOUE JR
STREET ADDRESS	974 LIGHTHOUSE CHURCH RD	3.3 STREET ADDRESS	974 LIGHTHOUSE CHURCH RD
CITY-ST-ZIP	HOLT FL 32564-9711	3.4 CITY-ST-ZIP	HOLT FL 32564-9711
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER (D)
NAME	JOHNSON, WILLIAM R	4.2 NAME	WILLIAM ROBERT JOHNSON
STREET ADDRESS	6745 MCVAY RD	4.3 STREET ADDRESS	6745 MCVAY RD
CITY-ST-ZIP	BAKER FL 32531-9802	4.4 CITY-ST-ZIP	BAKER FL 32531-9802
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY (D)
NAME	BOYETT, GREGORY D	5.2 NAME	DAVID FRANCIS LANOUE
STREET ADDRESS	88 DANIEL JOHNSON RD.	5.3 STREET ADDRESS	974 LIGHTHOUSE CHURCH RD
CITY-ST-ZIP	BAKER FL 32531-9615	5.4 CITY-ST-ZIP	HOLT FL 32564
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	

WORSHIPFUL MASTER (D)
EDDY CARROLL WHOBREY SR
150 PATCH AVE
CRESTVIEW FL 32539
SENIOR WARDEN (D)
RICHARD HENRY LANOUE
974 LIGHTHOUSE CHURCH RD
HOLT FL 32564-9711
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HOLT FL 32564-9711
TREASURER (D)
WILLIAM ROBERT JOHNSON
6745 MCVAY RD
BAKER FL 32531-9802
SECRETARY (D)
DAVID FRANCIS LANOUE
974 LIGHTHOUSE CHURCH RD
HOLT FL 32564

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not require certification that the information indicated on this annual report or supplemental annual report is true and accurate; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96
Date
904-354-2339
Daytime Phone #

CR2E037 (12/95)

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