

**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 # C10054 (0)

1. Corporation Name

MOUNT DORA LODGE NO. 238 FREE AND ACCEPTED MASON S 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 03/22/1995

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

4. FEI Number 59-1979391  
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

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)  
83  
84 City  
85 Zip Code FL

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]*

2/16/96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, MALCOLM E	
STREET ADDRESS	617 OHIO BLVD.	
CITY - ST - ZIP	EUSTIS FL 32726-5121	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	DOBBS, GORDON L JR	
STREET ADDRESS	2657 PALMETTO RD.	
CITY - ST - ZIP	MT. DORA FL 32756	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	SADLER, STUART T	
STREET ADDRESS	7805 SLOEWOOD DR.	
CITY - ST - ZIP	MOUNT DORA FL 32757-7228	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KING, ROBERT E	
STREET ADDRESS	5462 TRIMBLE PARK RD	
CITY - ST - ZIP	MT DORA FL 32757	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCNAIR, MARION J	
STREET ADDRESS	11304 LAKEVIEW DR	
CITY - ST - ZIP	LEESBURG FL 34788-4410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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)  
GORDON L DOBBS JR  
2657 PALMETTO RD.  
MT. DORA FL 32756  
SENIOR WARDEN (D)  
STUART TEES SADLER  
7805 SLOEWOOD DR.  
MOUNT DORA FL 32757-7228  
JUNIOR WARDEN (D)  
WILLIAM BERNARD CLANCY III  
30930 COUNTRY RD 437  
SORRENTO FL 32776  
TREASURER (D)  
CECIL ERNEST PENTECOST  
19810 EUSTIS AIRPORT RD  
EUSTIS FL 32726  
SECRETARY (D)  
MARION JOEL MCNAIR  
11304 LAKEVIEW DR  
LEESBURG FL 34788-4410

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify, 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:

*[Signature]* M.J. McNair - M.J. McNair

2-27-96 742-8332

Signature typed or printed name of signing officer or director

Date

Daytime Phone

UNZCUS7 (1/2/95)