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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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  
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US  
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218 US

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **03/08/1996**

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

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 **2-3-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLANCY, WILLIAM B. III</b>	
STREET ADDRESS	<b>30930 COUNTRY RD 437</b>	
CITY-ST-ZIP	<b>SORRENTO FL</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOBBS, GORDON L JR</b>	
STREET ADDRESS	<b>2657 PALMETTO RD.</b>	
CITY-ST-ZIP	<b>MT. DORA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SADLER, STUART T</b>	
STREET ADDRESS	<b>7805 SLOWOOD DR.</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>PENTECOST, CECIL E.</b>	
STREET ADDRESS	<b>19810 EUSTIS AIRPORT RD</b>	
CITY-ST-ZIP	<b>EUSTIS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCAIR, MARION J</b>	
STREET ADDRESS	<b>11304 LAKEVIEW DR</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34788-4410</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>WORSHIPFUL MASTER D</b>
1.2 NAME	<b>Stuart Tees Sadler</b>
1.3 STREET ADDRESS	<b>7805 Sloewood Dr.</b>
1.4 CITY-ST-ZIP	<b>Mount Dora Fl 32757-7228</b>
2.1 TITLE	<b>SENIOR WARDEN D</b>
2.2 NAME	<b>James Liffus Moore III</b>
2.3 STREET ADDRESS	<b>31428 Arlington Avenue</b>
2.4 CITY-ST-ZIP	<b>Sorrento FL 32776</b>
3.1 TITLE	<b>JUNIOR WARDEN D</b>
3.2 NAME	<b>Merlin F Lewis</b>
3.3 STREET ADDRESS	<b>1244 Overlook Rd</b>
3.4 CITY-ST-ZIP	<b>Eustis FL 32827-5363</b>
4.1 TITLE	<b>TREASURER D</b>
4.2 NAME	<b>Gordon L Dobbs Jr</b>
4.3 STREET ADDRESS	<b>2657 Palmetto Rd.</b>
4.4 CITY-ST-ZIP	<b>Mt. Dora FL 32756</b>
5.1 TITLE	<b>SECRETARY D</b>
5.2 NAME	<b>Marion Joel McNair</b>
5.3 STREET ADDRESS	<b>11304 Lakeview Dr</b>
5.4 CITY-ST-ZIP	<b>Leesburg Fl 34788-4410</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **Marion J McNair** DATE: **2/17/97** (352) 742-3332  
Signature, typed or printed name of signing officer or director

CR2E037 (9/96)