

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
---	---

3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-1979391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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: **2/13/98**

12. OFFICERS AND DIRECTORS

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

13. DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Liffus Moore III	
1.3 STREET ADDRESS	31426 Arlington Avenue	
1.4 CITY-ST-ZIP	Sorrento FL 32776	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marion Joel McNaair	
2.3 STREET ADDRESS	11304 Lakeview Dr	
2.4 CITY-ST-ZIP	Leesburg Fl 34788-4410	
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Merlin F Lewis	
3.3 STREET ADDRESS	1244 Overlook Rd	
3.4 CITY-ST-ZIP	Eustis FL 32726-5363	
4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Calvin Watson	
4.3 STREET ADDRESS	3007 Windchime Cir W.	
4.4 CITY-ST-ZIP	Apopka Fl 32703	
5.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gordon L Dobbs Jr	
5.3 STREET ADDRESS	20630 Hwy 44-A	
5.4 CITY-ST-ZIP	Eustis FL 32726-9049	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* DATE: **2/23/98** DAYTIME PHONE: **354-2339**

CR2E037 (10/97)