

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90013 001 ***857.50

DOCUMENT # **C10060** ✓

1. Corporation Name

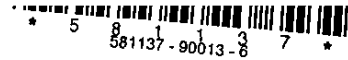
**MOUNT EWELL LODGE NO. 131 FREE AND ACCEPTED
MASONS OF FLORIDA**

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/30/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For.

22

27

59-1390422

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE WORSHIPFUL MASTER (D) ☐ Change ☐ Addition
1.2 NAME LARRY CUNNINGHAM
1.3 STREET ADDRESS 7558 RED BARROW ROAD
1.4 CITY-ST-ZIP BAKER, FL 32531

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE SENIOR WARDEN (D) ☐ Change ☐ Addition
2.2 NAME JOHN P. GATES
2.3 STREET ADDRESS 6145 W. DOGWOOD DRIVE
2.4 CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE JUNIOR WARDEN (D) ☐ Change ☐ Addition
3.2 NAME CLINTON D. HOLT
3.3 STREET ADDRESS 4474 COOPER LANE
3.4 CITY-ST-ZIP HOLT, FL 32564

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE TREASURER (D) ☐ Change ☐ Addition
4.2 NAME MARION E. THAMES
4.3 STREET ADDRESS 8351 THAMES ROAD
4.4 CITY-ST-ZIP BAKER, FL 32531

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE SECRETARY (D) ☐ Change ☐ Addition
5.2 NAME JAMES E. BROWN
5.3 STREET ADDRESS P. O. BOX 261 N/A
5.4 CITY-ST-ZIP BAKER, FL 32531

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

James E. Brown Secretary
James E. Brown

5-28-99

Date

904-354-2339

Daytime Phone #