

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PH 8: 54

DOCUMENT # **C10068 (0)**

1. Corporation Name
AUBURNDALE LODGE NO. 135 FREE AND ACCEPTED MASON S OF FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001419850
-03/02/95--01109--001
DO NOT WRITE IN THESE SPACES \$130.00

Principal Place of Business Mailing Address
**C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **04/29/1994**

4. FEI Number **23-7526423** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLF, WILLIAM G
220 OCEAN ST
JACKSONVILLE FL 32202**

81 Name
82 St **SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**
83
84 Cr.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation certifies 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 607.050, Florida Statutes.

SIGNATURE *W. G. Wolf* 2/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WM
NAME	ZECHMAN, AUSTIN J
STREET ADDRESS	529 LAZY LAKE DR
CITY-ST-ZIP	LAKELAND FL
TITLE	S
NAME	SMITH, HARRY R
STREET ADDRESS	315 S BERKLEY RD
CITY-ST-ZIP	AUBURNDALE FL
TITLE	SW
NAME	THRUN, MAX W
STREET ADDRESS	108 MARJORIE AVE
CITY-ST-ZIP	AUBURNDALE FL
TITLE	JW
NAME	RICHARDSON, JEFFERSON S
STREET ADDRESS	114 FREDRICK AVE
CITY-ST-ZIP	DUNDEE FL
TITLE	T
NAME	FLOYD, HOMER W
STREET ADDRESS	804 ARIANA BLVD
CITY-ST-ZIP	AUBURNDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	WORSHIPFUL MASTER/D
1.2 NAME	MAX WILMER THRUN
1.3 STREET ADDRESS	108 MARJORIE AVE.
1.4 CITY-ST-ZIP	AUBURNDALE FL 33823-3821
2.1 TITLE	SENIOR WARDEN/D
2.2 NAME	JEFFERSON STEVEN RICHARDSON
2.3 STREET ADDRESS	114 FREDRICK AVE.
2.4 CITY-ST-ZIP	DUNDEE FL 33838
3.1 TITLE	JUNIOR WARDEN/D
3.2 NAME	HERMAN E MATHÉWS
3.3 STREET ADDRESS	P. O. BOX 214 WIA
3.4 CITY-ST-ZIP	AUBURNDALE FL 33823
4.1 TITLE	TREASURER/D
4.2 NAME	OLIVER MORRIS SMITH
4.3 STREET ADDRESS	3126 STRAWBERRY LN
4.4 CITY-ST-ZIP	LAKELAND FL 33801-9232
5.1 TITLE	SECRETARY/D
5.2 NAME	GORDON GILFORD DOUGLAS
5.3 STREET ADDRESS	1004 LAKE SHORE DR.
5.4 CITY-ST-ZIP	AUBURNDALE FL 33823
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

3/1/95
MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Max Wilmer Thrun* MAX W. THRUN Feb 13, 1995 815-967-6465