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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10095 (3)

1. Corporation Name
HARMONIA LODGE NO. 138 FREE AND ACCEPTED MASONS 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
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3. Date Incorporated or Qualified 06/30/1992		
4. FEI Number 58-0255592	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	2a. Mailing Address
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. 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	WMD	<input type="checkbox"/> DELETE
NAME	HIGH, VAN W JR	
STREET ADDRESS	417 49TH ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33407-2821	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	HERBERT RALPH BRIGGS	
STREET ADDRESS	214 NOTTINGHAM BOULEVARD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	LOWDER, GREGORY D	
STREET ADDRESS	107 CYPRESS POINT DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418-7152	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KYLE, THOMAS W	
STREET ADDRESS	3060 FLOWERS ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DICKENS, CLYDE JR	
STREET ADDRESS	PO BOX 429 N/A	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-0429	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARTHUR MARK BENNETT JR	
STREET ADDRESS	5616 SHIRLEY, DR	
CITY-ST-ZIP	JUPITER FL	

13. IS AND DIRECTORS IN 12

1.1	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	Christopher John Spring	
1.3	11919 56TH PLACE N	
1.4	Royal Palm Beach FL 33411	
2.1	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	Arthur Mark Bennett Jr	
2.3	5616 Shirley Dr.	
2.4	Jupiter Fl 33458-3455	
3.1	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	John Garland Allen	
3.3	1291 Essex Drive	
3.4	Wellington FL 33414	
4.1	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	U. K Wabi	
4.3	222 LAKEVIEW AVE	
4.4	WEST PALM BEACH FL 33401	
5.1	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	Stanley Winfred Meeds	
5.3	4468 Gun Club Rd.	
5.4	West Palm Beach Fl 33406-2961	
6.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2		
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 as an attachment with an address. *Arthur M. Bennett, Jr.*

SIGNATURE: *[Signature]* DATE: **March 7, 1998** (561) 838-5664

CR2E037 (10/97)