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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # C10095

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-0255592

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

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

N/A

DATE

12. OFFICERS AND DIRECTORS

TITLE: WMD  
 NAME: JOHN SPRING, CHRISTOPHER  
 STREET ADDRESS: 11919 56TH PLACE N  
 CITY-ST-ZIP: ROYAL PALM BEACH FL 33411  
 DELETE

TITLE: SD  
 NAME: BENNETT, ARTHUR MARK JR  
 STREET ADDRESS: 5616 SHIRLEY DR  
 CITY-ST-ZIP: JUPITER FL 33458-3455  
 DELETE

TITLE: SWD  
 NAME: ALLEN, JOHN GARLAND  
 STREET ADDRESS: 1291 ESSEX DRIVE  
 CITY-ST-ZIP: WELLINGTON FL 33414  
 DELETE

TITLE: JWD  
 NAME: WABI, U.K.  
 STREET ADDRESS: 222 LAKEVIEW AVE  
 CITY-ST-ZIP: WEST PALM BEACH FL 33401  
 DELETE

TITLE: TD  
 NAME: WINFRED MEEDS, STANLEY  
 STREET ADDRESS: 4468 GUN CLUB RD  
 CITY-ST-ZIP: WEST PALM BEACH FL 33406-2961  
 DELETE

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: WORSHIPFUL MASTER (D)  Change  Addition  
 1.2 NAME: John Garland Allen  
 1.3 STREET ADDRESS: 1291 Essex Drive  
 1.4 CITY-ST-ZIP: Wellington FL 33414  
 Change  Addition

2.1 TITLE: SENIOR WARDEN (D)  Change  Addition  
 2.2 NAME: Christopher John Springs  
 2.3 STREET ADDRESS: 11919 56th Place N  
 2.4 CITY-ST-ZIP: Royal Palm Beach FL 33411  
 Change  Addition

3.1 TITLE: JUNIOR WARDEN (D)  Change  Addition  
 3.2 NAME: Stephen Earl Henwood  
 3.3 STREET ADDRESS: 16145 87th Lane N  
 3.4 CITY-ST-ZIP: Loxahatchee FL 33470  
 Change  Addition

4.1 TITLE: SECRETARY (D)  Change  Addition  
 4.2 NAME: Stanley Winfred Meeds  
 4.3 STREET ADDRESS: 7726 Nile River Rd  
 4.4 CITY-ST-ZIP: WEST PALM BEACH FL 33411  
 Change  Addition

5.1 TITLE: TREASURER (D)  Change  Addition  
 5.2 NAME: Clarence Perry Graham  
 5.3 STREET ADDRESS: 867 Briarwood Dr.  
 5.4 CITY-ST-ZIP: West Palm Beach FL 33415-1360  
 Change  Addition

6.1 TITLE:  
 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: *Stanley Winfred Meeds*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 561-640-9115  
 Date Daytime Phone #

CR2E037 (11/98)