

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # C10143 (1)

1. Corporation Name

DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

220 OCEAN ST.
JACKSONVILLE FL 32202

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1652886

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

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

2. Principal Place of Business

2a. Mailing Address

21 **Roy Connor Sheppard**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN ST
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

[Signature]

Signature, title, or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	PLAZARIN, WILLIAM S	
STREET ADDRESS	PO BOX 303 N/A	
CITY-ST-ZIP	ALTA FL 32421	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARKER, CARL E	
STREET ADDRESS	P.O. BOX 658 N/A	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	BARAMLETT, LESTER B	
STREET ADDRESS	PO BOX 56 N/A	
CITY-ST-ZIP	BRISTOL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAYO, JAMES C	
STREET ADDRESS	PO BOX 66 N/A	
CITY-ST-ZIP	CLARKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)
LESTER BRAZOUS BRAMBLETT
P O BOX 56 N/A
BRISTOL FL 32321-0056**

**SENIOR WARDEN (D)
STEPHEN LAMAR FORD
RT. 1 BOX 144 H
BRISTOL FL 32312-9801**

**JUNIOR WARDEN (D)
JEFFERY SCOTT MORRIS
P. O. BOX 693 N/A
BRISTOL FL 32321**

**TREASURER (D)
JAMES CLIFFORD MAYO
PO BOX 66 N/A
CLARKSVILLE FL 32430-0066**

**SECRETARY (D)
CHARLES GORDON SHERROD
RT 1 BOX 456A
BLOUNTSTOWN FL 32424**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption from filing under Chapter 617, Florida Statutes; 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lester B Bramblett

3/5/96

DATE

(904) 643-5241

DAYTIME PHONE #

CH2E03/ (12/95)