

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
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

Mailing Address

220 OCEAN ST.
JACKSONVILLE FL 32202

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

2. Principal Place of Business

2a. Mailing Address

21 **Roy Connor Sheppard**

26 Suite, Apt. #, etc.

4. FEI Number
59-1652886

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
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 agent 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

Roy Connor Sheppard

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

(NOTE: Registered Agent signature required when reinstating)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

11 TITLE	WORSHIPFUL MASTER (D)
12 NAME	LESTER BRAZOUS BRAMBLETT
13 STREET ADDRESS	P O BOX 56 N/A
14 CITY-ST-ZIP	BRISTOL FL 32321-0056
21 TITLE	SENIOR WARDEN (D)
22 NAME	STEPHEN LAMAR FORD
23 STREET ADDRESS	RT. 1 BOX 144 H
24 CITY-ST-ZIP	BRISTOL FL 32312-9801
31 TITLE	JUNIOR WARDEN (D)
32 NAME	JEFFERY SCOTT MORRIS
33 STREET ADDRESS	P. O. BOX 693 N/A
34 CITY-ST-ZIP	BRISTOL FL 32321
41 TITLE	TREASURER (D)
42 NAME	JAMES CLIFFORD MAYO
43 STREET ADDRESS	PO BOX 66 N/A
44 CITY-ST-ZIP	CLARKSVILLE FL 32430-0066
51 TITLE	SECRETARY (D)
52 NAME	CHARLES GORDON SHERROD
53 STREET ADDRESS	RT 1 BOX 456A
54 CITY-ST-ZIP	BLOUNTSTOWN FL 32424
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor provisions of Section 617.0502, Florida Statutes; 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.

SIGNATURE:

Lester Bramblett

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)