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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10143 (1)

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



Principal Place of Business ROY CONNOR SHEPPARD JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202-3218
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 03/22/1996
4. FEI Number 59-1652886	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code

FL

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: **2-3-97**

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 58 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	TD	<input type="checkbox"/> DELETE
NAME	MAYO, JAMES CLIFFORD	
STREET ADDRESS	P.O. BOX 66 NA	
CITY-ST-ZIP	CLARKSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHERROD, CHARLES GORDON	
STREET ADDRESS	RT 1 BOX 456A	
CITY-ST-ZIP	BLOUNTSTOWN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIFFFUL MASTER	<input checked="" type="checkbox"/>
1.2 NAME	Stephen Lamar Ford	
1.3 STREET ADDRESS	Rt. 1 Box 144 H	
1.4 CITY-ST-ZIP	Bristol FL 32312-9801	
2.1 TITLE	SENIOR WARDEN	<input checked="" type="checkbox"/>
2.2 NAME	Jeffery Scott Morris	
2.3 STREET ADDRESS	P. O. Box 693	N/A
2.4 CITY-ST-ZIP	Bristol FL 32321	
3.1 TITLE	JUNIOR WARDEN	<input checked="" type="checkbox"/>
3.2 NAME	Gregory Allen Mayo	
3.3 STREET ADDRESS	P O Box 66	N/A
3.4 CITY-ST-ZIP	Clarkville FL 32430	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/>
4.2 NAME	James Clifford Mayo	
4.3 STREET ADDRESS	Po Box 66	N/A
4.4 CITY-ST-ZIP	Clarkville Fl 32430-0066	
5.1 TITLE	SECRETARY	<input checked="" type="checkbox"/>
5.2 NAME	Charles Gordon Sherrrod	
5.3 STREET ADDRESS	Rt 1 Box 456A	
5.4 CITY-ST-ZIP	Blountstown Fl 32424	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *[Signature]* DATE: **3/4/97** DAYTIME PHONE: **1-(904)643-2949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)