FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # C10143

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

Principal Place of Business
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202

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FILED May 29, 1999 8:00 am Secretary of State

05-29-1999 90009 001 ***735.00

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3. Date Incorporated or Qualifed

06/30/1992

59-1652886

4. FEI Number

23	28				3. Certificate of Status Desired	Fee Red	quired	
Zip	Country	Zip			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
24	25 29 30 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
3- Maille Blitt Addiess of Culterit Registered Agent				Name	Traine and radioss of flow registeres.			
SHEPPARD, ROY CONNOR				Street /	Address (P.O. Box Number is Not Acceptable)			
220 OCEAN ST								
JACKSONVILLE FL 32202								
54.5 156 H				City	FL	85 Zip C		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR		
TITLE	SD	DELETE	1.1 TITLE		WORSHIPFUL MASTER (D)	X ange	☐ Addition	
NAME	LENTON GLASS, FREDDIE		1.2 NAME		Gregory Allen Mayo	,		
STREET ADDRESS			1.3 STREET	ADDRESS	1214 Maine Ave			
CITY-ST-ZIP	BLOUNTSTOWN FL 32424 1.4 CF			-ZIP	Lynn Haven FL 32444			
TITLE			2.1 TITLE		i	人 ^{hange}	Addition)	
NAME	MORRIS, JEFFREY SCOTT		2.2 NAME			<i>,</i> -		
STREET ADDRESS	· · · · · · · · · · · · · ·		2.3 STREET	ADDRESS	Stephen Lamar Ford			
CITY-ST-ZIP	BRISTOL FL 32321		2.4 CITY-S	T- ZIP	Rt. 1 Box 144 H	-		
TITLE	SWD	DELETE	3.1 TITLE		Bristol FL 32312-9801	hange	☐ Addition	
NAME	MAYO, GREGORY ALLEN	/	3.2 NAME					
STREET ADDRESS	1214 MAINE AVE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	LYNN HAVEN FL 32444		3.4. CITY-S	T-ZIP				
TITLE	TD	☐ OELETE	4,1 TITLE			Change	Addition	
NAME	MAYO, JAMES CLIFFORD		4. 2 NAME					
STREET ADDRESS	PO BOX 66 N/A		4.3 STREET	ADDRESS				
CITY-ST-ZIP	CLARKSVILLE FL 32430-00)66	4.4 CITY-S	r-ZIP			□ A 2400 - 2	
TITLE	JWD	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	SHULER, BRIGHAM SAMUI	EL /	5.2 NAME					
STREET ADDRESS	RT 3 BOX 365		5.3 STREET				İ	
CITY-ST-ZIP	BRISTOL FL 32321		5.4 CITY-S1	r-ZIP		Change	☐ Addition	
TITLE		DELETÉ	6.1 TITLE			Change	☐ Addition }	
NAME	معمد المح		6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP		and the file of the desired and the first	6.4 CITY-S		d in Section 119.07(3)(i), Florida Statutes. I further cert	ify that the in	nformation	
14. I horohy i	cerny mai the intermation stinnii	ea wim ints illing does not allality for R	ne exembi	บบ รเลเยต	u ni oecuon i rolvitomi. Fiblica olatutes. I luithei teri			

indicated on this annual report or supplied with under some goes not quality for the exemption stated in Section 1.19.07(3)(1), Florida Statutes. I further certify that the informati 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:

Applied For

\$8.75 Additional

Not Applicable