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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **C10156 (3)**
1. Corporation Name
MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASON S OF FLORIDA

Principal Place of Business Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202
C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1992 3a. Date of Last Report 04/29/1994
4. FEI Number 59-1381586 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has facility for unincurred tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WOLF, WILLIAM G
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name SHEPPARD, ROY CONNOR
82 Street 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84 City
000001476340
-05/04/95-01122-001

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
SIGNATURE: *Roy Connor* DATE: 2/6/95

12. OFFICERS AND DIRECTORS

TITLE	WM
NAME	MAY, JEFFERY A
STREET ADDRESS	P.O. BOX 816 N/A
CITY - ST - ZIP	SILVER SPRINGS FL 34489-0816
TITLE	S
NAME	KOENIG, RALPH H
STREET ADDRESS	927 S.E. 16TH ST.
CITY - ST - ZIP	OCALA FL 34471-3903
TITLE	SW
NAME	ROBERTSON, RANDALL R
STREET ADDRESS	10400 SW 69TH COURT
CITY - ST - ZIP	OCALA FL 34476-9241
TITLE	JW
NAME	SHAFFER, MARK N JR
STREET ADDRESS	30 NE 47TH PLACE
CITY - ST - ZIP	OCALA FL 32870
TITLE	T
NAME	WILSON, PAUL E JR
STREET ADDRESS	604 SE 51ST AVE
CITY - ST - ZIP	OCALA FL 34471-3387
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	WCRSHIPFUL MASTER/D
12 NAME	RANDALL RAY ROBERTSON
13 STREET ADDRESS	10400 SW 69TH COURT
14 CITY - ST - ZIP	OCALA FL 34476-9241
21 TITLE	SECRETARY/D
22 NAME	RALPH HENRY KOENIG
23 STREET ADDRESS	2258 N W 50TH AVE
24 CITY - ST - ZIP	OCALA FL 34482
31 TITLE	SENIOR WARDEN/D
32 NAME	MARK NORMAN SHAFFER JR
33 STREET ADDRESS	30 NE 47TH PLACE
34 CITY - ST - ZIP	OCALA FL 34475
41 TITLE	JUNIOR WARDEN/D
42 NAME	LESTER ARTHUR KING JR
43 STREET ADDRESS	5138 S.E. 14TH PLACE
44 CITY - ST - ZIP	OCALA FL 34471
51 TITLE	TREASURER/D
52 NAME	PAUL E WILSON JR
53 STREET ADDRESS	604 SE 51ST AVE
54 CITY - ST - ZIP	OCALA FL 34471-3387
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

5/1/95 MSA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Randall R. Robertson* DATE: 3/2/95 732-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR