

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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 **Roy Connor Sheppard**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30

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
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) **100001786261**
83 **-04702796--01061--001**
*****5083.75**
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

[Handwritten Signature]

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	ROBERTSON, RANDALL RAY	
STREET ADDRESS	10400 SW 69TH COURT	
CITY-ST-ZIP	OCALA FL 34476-9241	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOENIG, RALPH H	
STREET ADDRESS	2258 N.W. 50TH AVE.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	SHAFFERON, MARK NORMAN JR	
STREET ADDRESS	30 NE 47TH PLACE	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	KING, LESTER ARTHUR	
STREET ADDRESS	5138 S.E. 14TH PLACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, PAUL E JR	
STREET ADDRESS	604 SE 51ST AVE	
CITY-ST-ZIP	OCALA FL 34471-3387	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	WORSHIPFUL MASTER (D)
1.2 NAME	MARK NORMAN SHAFFER JR
1.3 STREET ADDRESS	30 NE 47TH PLACE
1.4 CITY-ST-ZIP	OCALA FL 34475
2.1 TITLE	SENIOR WARDEN (D)
2.2 NAME	LESTER ARTHUR KING JR
2.3 STREET ADDRESS	5138 S.E. 14TH PLACE
2.4 CITY-ST-ZIP	OCALA FL 34471
3.1 TITLE	JUNIOR WARDEN (D)
3.2 NAME	TERRY LEE HENDERSON
3.3 STREET ADDRESS	3450 S.E. 12TH ST.
3.4 CITY-ST-ZIP	OCALA FL 34471
4.1 TITLE	TREASURER (D)
4.2 NAME	PAUL E WILSON JR
4.3 STREET ADDRESS	604 SE 51ST AVE
4.4 CITY-ST-ZIP	OCALA FL 34471-3387
5.1 TITLE	SECRETARY (D)
5.2 NAME	HOWARD THOMAS JEFFCOAT
5.3 STREET ADDRESS	2338 NE 12TH CT
5.4 CITY-ST-ZIP	OCALA FL 34470-4404
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 is voluntarily furnished and does not qualify for the one-report election in Section 617.0502, Florida Statutes. I do hereby 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: X *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/96

904-354-2339
Daytime Phone #

CH2EUS7 (12/95)