

3-10-97 FILE NOW: FILING FEE IS \$61.25 2929 B-2 ~~MC~~ MC

FILED

Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
C/O ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified 06/30/1992
3a. Date of Last Report 04/01/1996

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.

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
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 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] DATE 2-3-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAFFER, MARK N JR	
STREET ADDRESS	30 NE 47TH PLACE	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, LESTER A JR	
STREET ADDRESS	5138 S.E. 14TH PLACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDERSON, TERRY L	
STREET ADDRESS	3450 S.E. 51ST AVE	
CITY-ST-ZIP	OCALA FL 34471-3387	
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	DS	<input type="checkbox"/> DELETE
NAME	JEFFCOAT, HOWARD T	
STREET ADDRESS	2338 NE 12TH CT	
CITY-ST-ZIP	OCALA FL 34470-4404	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Lester Arthur King Jr
1.3 STREET ADDRESS	5138 S.E. 14th Place
1.4 CITY-ST-ZIP	Ocala FL 34471
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Terry Lee Henderson
2.3 STREET ADDRESS	3450 S.E. 12TH St.
2.4 CITY-ST-ZIP	Ocala FL 34471
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Benjamin Haile Ayres
3.3 STREET ADDRESS	2215 Ashley Ct
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 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: 2-20-97
Daytime Phone: 694-2461

CR2E037 (9/96)