FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -1 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001419803
-03/02/95--01109--001
DO NOT WRITE ABOVE THIS LINE **130.00

DOCUMENT # C10157 (1)

1. Corporation Name
ORLANDO LODGE NO. 69 FREE AND ACCEPTED MASONS 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: 04/29/1994
4. FEI Number: 23-7188525 ☐ Applied For ☐ Not Applicable

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

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 liability for intangible tax under S. 199.032, 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 N SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84

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: [signature] 2/6/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	WORD, WILLIAM H	1.2 NAME	JAMES LYMAN SMITH SR
STREET ADDRESS	37 S VAN BUREN AVE	1.3 STREET ADDRESS	5616 CASTLE OAK CT.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32808-3405
TITLE	S	2.1 TITLE	SECRETARY/D
NAME	ROBERTS, SCOTT A	2.2 NAME	WAYNE ARTHUR MOORE
STREET ADDRESS	4435 EDGEWATER DR	2.3 STREET ADDRESS	325 RINGWOOD CIR
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708-4459
TITLE	SW	3.1 TITLE	SENIOR WARDEN/D
NAME	SMITH, JAMES L SR	3.2 NAME	PETER A SIMONETTI
STREET ADDRESS	5616 CASTLE OAK CT	3.3 STREET ADDRESS	1123 HAWKES AVE.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32809-6321
TITLE	JW	4.1 TITLE	JUNIOR WARDEN/D
NAME	SIMONETTI, PETER A	4.2 NAME	ROBERT EUGENE JOHNSON
STREET ADDRESS	1123 HAWKES AVE	4.3 STREET ADDRESS	6457 ROCKINGTREE LANE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FL 32819-4188
TITLE	T	5.1 TITLE	TREASURER/D
NAME	GENTRY, ROBERT H III	5.2 NAME	ROBERT H GENTRY III
STREET ADDRESS	5750 OAK HOLLOW LANE	5.3 STREET ADDRESS	5750 OAK HOLLOW LANE
CITY-ST-ZIP	OVIEDO FL	5.4 CITY-ST-ZIP	OVIEDO FL 32765-7520
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3-1-95 WB

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)(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: James L Smith Jr 2/10/95 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000088