

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90111 001 *5,390.00

DOCUMENT # C10157

1. Corporation Name

ORLANDO LODGE NO. 69 FREE AND ACCEPTED MASONS OF
FLORIDA

Principal Place of Business

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7188525

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE WMD
NAME BATTIS, KENNETH W.
STREET ADDRESS 402 DIETZ COURT
CITY-ST-ZIP ORLANDO FL 32807

☒ DELETE

TITLE SD
NAME VOORHEES, CLELAND O.
STREET ADDRESS PO BOX 441 (N/A)
CITY-ST-ZIP GENEVA FL 32732-0441

☐ DELETE

TITLE D
NAME STROBRIDGE, MARK D.
STREET ADDRESS 331 E 3RD ST
CITY-ST-ZIP OVIEDO FL 32766

☐ DELETE

TITLE D
NAME STALY, FREDERICK J.
STREET ADDRESS 14212 WINTERSET DR
CITY-ST-ZIP ORLANDO FL 32832

☐ DELETE

TITLE D
NAME JOHNSON, CURTIS F.
STREET ADDRESS 5498 AEOLUS WAY
CITY-ST-ZIP ORLANDO FL 32808

☐ DELETE

TITLE SD
NAME MOORE, WAYNE ARTHUR
STREET ADDRESS 325 RINGWOOD CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition
1.2 NAME Joseph Merideth Drum
1.3 STREET ADDRESS 5531 Delano Lane
1.4 CITY-ST-ZIP Orlando FL 32821

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)