FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name C10184

(5)

JOHN DARLING LODGE NO. 154 FREE AND ACCEPTED MAS ONS OF FLORIDA

Principal Place of Business C/O-WILCIAR G WOLF 220 OCEAN ST.

Mailing Address

C/O-WILLIAM G WOLF 220 OCEAN ST.



JACKSONVIL	LE FL 32202	JACKSONVILLE FL 32202							
						3. Date Incorporated or Qualified 06/30/1992	3a. Date of L 03/2	2/1995	
2. Principal Pl	onnor Sheopard	2a. Mailing Address	or SI	(m n A .	evel.	4. FEI Number 59-0255598		Applied For Not Applicable	
Suite Apt.		Suite Apt. #, etc.	<u> </u>	epp.	45	Certificate of Status Desired		75 Additional	
22		27						ee Required	
City & State	9	City & State				6. Election Campaign Financing		.00 May Be	
Zip	Country	Zip	Cour	ntry		Trust Fund Contribution 8. This corporation has liability for in	A	dded to Fees	
24	25	29	30	,			Trangiole tax unde Di Yes □ No	r S. 199.032,	
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Ro	egistered Agent		
				81 Nar	ne				
SHEPPARD, ROY CONNOR				82 Street Address (P.O. En N. Intel) Not accomplete:					
220 OCEAN STREET				82 Street Address (P.O. 4) N (I) No 10 Copt (SF.; 3: 0-4) -04/02/9601061001					
JACKSONVILLE FL 32202				***5083.75					
•				84 City			F1 85	Zip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617,1508, Florida Statu	tes, the above	 /e-name/	Leorgora	ation submits this statement for the nurr		ts registered office	
or register	red agent, or both, in the State of Florid	da. Such change was authori	zed by the c	orporatio	n's board	ation submits this statement for the purp d of directors. I hereby accept the appo	intment as registe	red agent. I am	
SIGNATURE	The state of the s		. .			2/16/9	<u>/</u>		
SIGNATURE _	Signature (tylied or printed name of registered agent	and tite if I, all Ia (N	OTE: Registered	Agent signat	re required	when reinstating)	DATE		
12.	OFFICERS ANI		13.		_	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12	
THLE	WMD	DELETE	1.1 TiT		W C	RSHIPFUL MASTER	(D)		
NAME	AHRENS, DENNIS E		1.2 NA		R.C	BERT LEWIS MCDER	-		
STREET ADDRESS	3604 W ANDERSON AVE			REET ADDRE		304 BRAMBLEWOOD I	. –		
CITY-ST-ZIP	TAMPA FL 33611-5120	Closusts		Y-ST-ZIP		MPA FL 33624-500			
TITLE	SWD	DELETE	2 1 111				9		
NAME CZDECT ADDDECC	MCDERMOTT, ROBERT L	·c	2.2 NA			NIOR WARDEN	(D)		
STREET ADDRESS	10304 BRAMBLEWOOD PLAC TAMPA FL 33624-5003	·C		REET ADORE		CHAEL CHARLES SPE			
CITY-ST-ZIP TITLE	JWD	DELETE	2. 4 GI 3.1 TIT	TY-ST-ZIP LF		530 COUNTRY DAKS		_	
NAME	SPERATO, MICHAEL C		3.2 NA		TA	MPA FL 33624-5319	•		
STREET ADDRESS	11530 COUNTRY OAKS DR.			REET ADDRE	35	UNIOR WARDEN	(0.)		
CITY-ST-ZIP	TAMPA FL 33624-5319			IY-ST-ZIP		ENNETH PARSON SCO	(D)		
TITLE	TD	DELETE	4 1 TIT			-	•		
NAME	FERNANDEZ, PETER J		4 2 N4	ME		03 SAND RIDGE DR. ALRICO FL 33594-4	•		
STREET ADDRESS	3208 W SAN CARLOS ST.		43 \$11	EET ADDRE		WEKICO LE 3324444	0024		
CITY-ST-ZIP	TAMPA FL 33629-5925		4.4 CIT	Y-ST-ZIP	1	TREASURER	(D)		
TITLE	SD	DELETE	5 1 TIT	LE	F	PETER JOHN FERNAN	DEZ		
NAME	COOPER, THEODORE G		5.2 NA	ME	3	3208 W SAN CARLOS	ST		
STREET ADDRESS	4318 W. CORONA ST.		5.3 STF	REET ADDRE	s T	TAMPA FL 33629-59	25		
CITY-ST-ZIP	TAMPA FL 33629-7712	, ,		Y-\$1-Z)P	_				
TITLE		DELETE	6.1 TIT	LE		ECRETARY	(0)		
NAME			6.2 NA	ME		HEODORE GLEN COOF	PE R		
STREET ADDRESS			6.3 STF	REET ADDRES		318 W CORONA ST			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	T	AMPA FL 33629-771	12		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not questrify that the information indicated on this annual report or supplemental annual report is true and account in 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.

ROBFRT L. MS DERMOTT SIGNING OFFICER OR DIRECTOR

8/3-396-3737 Daytere Phone #