

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # C10189 (4)

1. Corporation Name

GATEWAY LODGE NO. 384 FREE AND ACCEPTED MASONS O
F 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
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Roy Connor Sheppard
Suite, Apt. #, etc.

26 Roy Connor Sheppard
Suite, Apt. #, etc.

4. FEI Number
59-2414470

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

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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 STREET
JACKSONVILLE FL 32202

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

2/16/96

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	SARLES, JACK L JR	
STREET ADDRESS	700 FRIDAY RD.	
CITY - ST - ZIP	COCOA FL 32926-3327	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUFF, KERMIT E	
STREET ADDRESS	3216 BEACON RD	
CITY - ST - ZIP	MIMS FL	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	PACIFIC, ANTHONY J	
STREET ADDRESS	P.O. BOX 402 N/A	
CITY - ST - ZIP	SCOTTSMOOR FL 32775-0402	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	LAWHEAD, ROBERT R	
STREET ADDRESS	4500 BONANZA ST	
CITY - ST - ZIP	COCOA FL 32927-3612	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, WILLIAM R	
STREET ADDRESS	3845 CATALINA ST	
CITY - ST - ZIP	TITUSVILLE FL	
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	ANTHONY JOHN PACIFIC
1.3 STREET ADDRESS	P.O. BOX 402
1.4 CITY - ST - ZIP	SCOTTSMOOR FL 32775-0402
2.1 TITLE	SENIOR WARDEN (D)
2.2 NAME	ROBERT RAYMOND LAWHEAD
2.3 STREET ADDRESS	4500 BONANZA ST
2.4 CITY - ST - ZIP	COCOA FL 32927-3612
3.1 TITLE	JUNIOR WARDEN (D)
3.2 NAME	RONALD LEE CLARK
3.3 STREET ADDRESS	1330 NORTH CARPENTER RD.
3.4 CITY - ST - ZIP	TITUSVILLE FL 32796-1842
4.1 TITLE	TREASURER (D)
4.2 NAME	WILLIAM ROBERT YOUNG
4.3 STREET ADDRESS	3845 CATALINA ST
4.4 CITY - ST - ZIP	TITUSVILLE FL 32796-2210
5.1 TITLE	SECRETARY (D)
5.2 NAME	GEORGE NEVEN
5.3 STREET ADDRESS	4855 GANDY RD
5.4 CITY - ST - ZIP	MIMS FL 32754-4626
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 exemption stated in Section 617.0502, Florida Statutes, and 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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 1996 904-354-2339
Date Daytime Phone #

CR2E037 (12/95)