

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # C10247 (0)

1. Corporation Name

WILLIAM T. CARLTON LODGE NO. 46 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: 03/24/1995

21	2. Principal Place of Business <i>ROY CONNOR SHEPPARD</i>	2a. Mailing Address <i>ROY CONNOR SHEPPARD</i>
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Zip
25	Country	Country

4. FEI Number 23-7526355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
85	Zip Code

FL

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 agree to the provisions of, Section 617.1503, Florida Statutes.

SIGNATURE: *[Signature]*

2/16/96

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	HELTON, JOHN H	
STREET ADDRESS	P.O. BOX 1215 N/A	
CITY-ST-ZIP	TRENTON FL 32693-1215	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALLRED, JIMMY L	
STREET ADDRESS	P.O. BOX 776 N/A	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	GRAHAM, PAUL H	
STREET ADDRESS	P.O. BOX 1215 N/A	
CITY-ST-ZIP	TRENTON FL	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	DAVIS, PENSON W	
STREET ADDRESS	RT 1 BOX 490 N	
CITY-ST-ZIP	TRENTON FL 32693-9511	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILLIAM, JOSEPH W	
STREET ADDRESS	RR 1 BOX 61	
CITY-ST-ZIP	BELL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

WORSHIPFUL MASTER (D)  
PAUL HARRISON GRAHAM  
5879 NE HWY 47  
HIGH SPRINGS FL 32643

SENIOR WARDEN (D)  
PENSON W DAVIS  
17010 NW 72ND CT  
TRENTON FL 32693

JUNIOR WARDEN (D)  
JAMES LESTER CAMPBELL  
RT. 1 BOX 293-5  
BELL FL 32619-9748

TREASURER (D)  
JOSEPH WILSON GILLIAM  
1760 NW 22ND CT  
BELL FL 32619

SECRETARY (D)  
JIMMY LEE ALLRED  
P O BOX 776 N/A  
TRENTON FL 32693

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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 *Jimmy L. Allred* Secretary Jimmy L. Allred 2-29-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)