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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # C10247 (0)

1. Corporation Name

WILLIAM T. CARLTON LODGE NO. 46 FREE AND ACCEPTE  
D MASONS OF FLORIDA



Principal Place of Business

Mailing Address

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

C/O ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202-3218  
US

3. Date Incorporated or Qualified  
06/30/1992

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

23-7526355

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN ST  
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

*[Handwritten Signature]*

(NOTE: Registered Agent signature required when reinstating)

2-3-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD  DELETE

NAME HELTON, JOHN H  
STREET ADDRESS P.O. BOX 1215 N/A  
CITY-ST-ZIP TRENTON FL 32693-1215

1.1 TITLE WORSHIPFUL MASTER D  
1.2 NAME Penson W Davis  
1.3 STREET ADDRESS 17010 NW 72nd Ct  
1.4 CITY-ST-ZIP Trenton Fl 32693

TITLE SD  DELETE

NAME ALLRED, JIMMY L  
STREET ADDRESS P.O. BOX 776 N/A  
CITY-ST-ZIP TRENTON FL 32693

2.1 TITLE SENIOR WARDEN D  
2.2 NAME James Lester Campbell  
2.3 STREET ADDRESS 4729 SW 20th St  
2.4 CITY-ST-ZIP Bell Fl 32619

TITLE SWD  DELETE

NAME GRAHAM, PAUL H  
STREET ADDRESS P.O. BOX 1215 N/A  
CITY-ST-ZIP TRENTON FL

3.1 TITLE JUNIOR WARDEN D  
3.2 NAME Phillip Bruce Snyder  
3.3 STREET ADDRESS P O Box 661 N/A  
3.4 CITY-ST-ZIP Bell FL 32619

TITLE JWD  DELETE

NAME DAVIS, PENSON W  
STREET ADDRESS RT 1 BOX 490 N  
CITY-ST-ZIP TRENTON FL 32693-0511

4.1 TITLE TREASURER D  
4.2 NAME Joseph Wilson Gilliam  
4.3 STREET ADDRESS 1760 NW 22nd Ct  
4.4 CITY-ST-ZIP Bell Fl 32619

TITLE TD  DELETE

NAME GILLIAM, JOSEPH W  
STREET ADDRESS RR 1 BOX 61  
CITY-ST-ZIP BELL FL

5.1 TITLE SECRETARY D  
5.2 NAME Jimmy Lee Allred  
5.3 STREET ADDRESS P O Box 776 N/A  
5.4 CITY-ST-ZIP Trenton Fl 32693

TITLE SD  DELETE

NAME ALLRED, JIMMY LEE  
STREET ADDRESS P.O. BOX 776 NA  
CITY-ST-ZIP TRENTON FL

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 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

Date

Daytime Phone 352-463-3024

CP2E037 (9/96)