

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # C10262 (9)

1. Corporation Name
PALATKA LODGE NO. 34 FREE AND ACCEPTED MASONS OF FLORIDA

300001437033
-03/22/95--01099--001
17290.00 **130.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **04/29/1994**
4. FEI Number **23-7193809** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**WOLF, WILLIAM G
220 OCEAN ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name **SHEPPARD, ROY CONNOR**
82 Street Ac **220 OCEAN STREET**
83 **JACKSONVILLE FL 32202**
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Roy Connor* (NOTE: Registered Agent signature required when reappointing) DATE **2/6/95**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
WM RICHARDSON, BOBBY G 2204 PROSPER ST PALATKA FL
S WARWICK, WILBUR E P.O. BOX 524 PALATKA FL
SW WEERTS, JOHN R JR PO BOX 280 N/A SAN MATEO FL
JW LYLE, JAMES R 3215 SILVER LAKE DR PALATKA FL
T CUSTEAD, PAUL A RT 3 BOX 160 INTERLACHEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **WCRSHIPFUL MASTER/D**
12 NAME **JOHN ROBERT WEERTS JR**
13 STREET ADDRESS **PO BOX 280**
14 CITY-ST-ZIP **SAN MATEO FL 32187-0280**
21 TITLE **SECRETARY/D**
22 NAME **DOUGALD EDMUND FERGUSON**
23 STREET ADDRESS **RT. 1 BOX 287 F-2**
24 CITY-ST-ZIP **HAWTHORNE FL 32640**
31 TITLE **SENIOR WARDEN/D**
32 NAME **JAMES RICKY LYLE**
33 STREET ADDRESS **3215 SILVER LAKE DR**
34 CITY-ST-ZIP **PALATKA FL 32177**
41 TITLE **JUNIOR WARDEN/D**
42 NAME **BRUCE ALAN BOLDEN**
43 STREET ADDRESS **3019 CAMPBELL ST**
44 CITY-ST-ZIP **PALATKA FL 32177-5323**
51 TITLE **TREASURER/D**
52 NAME **PAUL ALLEN CUSTEAD**
53 STREET ADDRESS **RT 3 BOX 160**
54 CITY-ST-ZIP **INTERLACHEN FL 32148-9222**
61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Richardson* DATE **2/15/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
904-328-1502
3-31-95