


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10262 (9)**  
1. Corporation Name  
**PALATKA LODGE NO. 34 FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US</b>	Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US</b>
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3. Date Incorporated or Qualified <b>06/30/1992</b>	
4. FEI Number <b>23-7193809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country
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**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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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]* DATE: **2/13/98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEERTS, JOHN R JR</b>	
STREET ADDRESS	<b>P.O. BOX 280 N/A</b>	
CITY-ST-ZIP	<b>SAN MATEO FL 32187-0280</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, DOUGALD E</b>	
STREET ADDRESS	<b>RT. 1 BPX 287 F-2</b>	
CITY-ST-ZIP	<b>HAWTHORNE FL 32640</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYLE, JAMES. R.</b>	
STREET ADDRESS	<b>3215 SILVER LAKE DR.</b>	
CITY-ST-ZIP	<b>PALATKA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CUSTEAD, PAUL A</b>	
STREET ADDRESS	<b>3019 CAMPBELL ST</b>	
CITY-ST-ZIP	<b>PALATKA FL 22</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CUSTEAD, PAUL A</b>	
STREET ADDRESS	<b>RT 3 BOX 160</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>SECRETARY (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Wilbur Edward Warwick</b>	
1.3 STREET ADDRESS	<b>P O Box 524 N/A</b>	
1.4 CITY-ST-ZIP	<b>Palatka FL 32178-0524</b>	
2.1 TITLE	<b>SENIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Richard Raleigh Whidden Jr</b>	
2.3 STREET ADDRESS	<b>330 River St</b>	
2.4 CITY-ST-ZIP	<b>Palatka FL 32177</b>	
3.1 TITLE	<b>JUNIOR WARDEN (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Thomas Frederick Edwards</b>	
3.3 STREET ADDRESS	<b>105 Oak Grove Dr</b>	
3.4 CITY-ST-ZIP	<b>Palatka FL 32177</b>	
4.1 TITLE	<b>TREASURER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Paul Allen Custead</b>	
4.3 STREET ADDRESS	<b>Rt 3 Box 160</b>	
4.4 CITY-ST-ZIP	<b>Interlachen FL 32148</b>	
5.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Marvin L. Hayes, Jr</b>	
5.3 STREET ADDRESS	<b>Rt. 1, Box 333-H</b>	
5.4 CITY-ST-ZIP	<b>Interlachen, FL 32148</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *[Signature]* DATE: **2/23/98**

CP2E037 (10/97)