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Apr 14, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10262

1. Corporation Name

PALATKA LODGE NO. 34 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US



21. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number
23. City & State	2c. City & State	5. Certificate of Status Desired
24. Zip	2d. Zip	6. Election Campaign Financing
25. Country	2e. Country	85. Zip Code

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 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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARWICK, WILBUR E	1.2 NAME	George Eldred Preston Jr
STREET ADDRESS	P O BOX 524 N/A	1.3 STREET ADDRESS	113 E Forest Prk Dr
CITY-ST-ZIP	PALATKA FL 32178-0524	1.4 CITY-ST-ZIP	Palatka FL 32177-6605
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIDDEN, RICHARD R JR	2.2 NAME	William Edward Dorden Jr
STREET ADDRESS	330 RIVER ST	2.3 STREET ADDRESS	1120 Westover Dr
CITY-ST-ZIP	PALATKA FL 32177	2.4 CITY-ST-ZIP	Palatka FL 32177-5528
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	EDWARDS, THOMAS F	3.2 NAME	
STREET ADDRESS	105 OAK GROVE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	CUSTEAD, PAUL A	4.2 NAME	
STREET ADDRESS	RT 3 BOX 160	4.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	HAYES, MARVIN L JR	5.2 NAME	
STREET ADDRESS	RT 1 BOX 333-H	5.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Wilbur E Warwick Sec. 3/1/99 904-378-6040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)