FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:1?
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10038 (3)

1. Corporation Name

SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS O F 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

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: 59-1651185 — Applied For / Not Applicable

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

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

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 N
82 S
83
84 C

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

500001476355
-05/04/95--01122--001
**********130.00

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 [signature] 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	FINK, LENNY C	1.2 NAME	JOHN THERON DEAN
STREET ADDRESS	3508 DAUPHINE ST	1.3 STREET ADDRESS	4875 SPARTA ROAD
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	SEBRING FL 33872-5568
TITLE	S	2.1 TITLE	
NAME	CHAMBERS, DAVID R	2.2 NAME	SENIOR WARDEN/D
STREET ADDRESS	2330 GARDEN VIEW ROAD	2.3 STREET ADDRESS	MICHAEL M DISLER
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	528 9TH AVE.
TITLE	SW	3.1 TITLE	SEBRING FL 33872
NAME	DEAN, JOHN T	3.2 NAME	JUNIOR WARDEN/D
STREET ADDRESS	4875 SPARTA ROAD	3.3 STREET ADDRESS	FREDERICK B KRESGE
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	47 CENTURY BLVD.
TITLE	JW	4.1 TITLE	AVON PARK FL 33825
NAME	DUNCAN, THOMAS W	4.2 NAME	
STREET ADDRESS	1226 NANCESOWEE AVE	4.3 STREET ADDRESS	TREASURER/D
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	WILLIAM S WAGGAMAN
TITLE	T	5.1 TITLE	P. O. BOX 610 N/A
NAME	PARKER, WILLIAM J JR	5.2 NAME	LORIDA FL 33857-0610
STREET ADDRESS	111 N COMMERCE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	SECRETARY/D
TITLE		6.1 TITLE	DAVID ROSS CHAMBERS
NAME		6.2 NAME	2330 GARDEN VIEW ROAD
STREET ADDRESS		6.3 STREET ADDRESS	SEBRING FL 33870-1568
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/1/95 MSF

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John T. Dean JOHN T. DEAN 3-8-95 1-813-385 5415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001076