

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # C10297 (5)

1. Corporation Name

MANDARIN LODGE NO. 343 FREE AND ACCEPTED MASONS
OF FLORIDA



Principal Place of Business

Mailing Address

~~2914 LOPEZ RD.~~
~~JACKSONVILLE FL 32223~~

~~41111 SAN JOSE BLVD.~~
~~BOX 250~~
~~JACKSONVILLE FL 32223~~

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

2 Roy Connor Sheppard

Roy Connor Sheppard

4. FEI Number

23-7526558

Applied For

Not Applicable

Suite, Apt. #, etc.

22 220 Ocean St

Suite, Apt. #, etc.

27 220 Ocean St

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Jacksonville FL

City & State

28 Jacksonville FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 32202

Zip

Country

29 32202

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
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

Signature of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE WMD ☒ DELETE
NAME PUGH, GERALD
STREET ADDRESS 1875 BISHOP ESTATES RD.
CITY-ST-ZIP JACKSONVILLE FL 32259-4205

TITLE SD ☒ DELETE
NAME FREDRICKSON, JOSEPH J
STREET ADDRESS 13046 MANDARIN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32223-1750

TITLE SWD ☐ DELETE
NAME STRANGE, ERNEST J JR
STREET ADDRESS 14423 POND PLACE DR.
CITY-ST-ZIP JACKSONVILLE FL 32223-5063

TITLE JWD ☒ DELETE
NAME HENDERSON, WILLIAM R
STREET ADDRESS 2836 ORANGE PICKERS RD.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE TD ☐ DELETE
NAME BISH, DONALD E
STREET ADDRESS 4979 HERTON DR.
CITY-ST-ZIP JACKSONVILLE FL 32258-2222

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WORSHIPFUL MASTER (D)
1.2 NAME ERNEST JACKSON STRANGE JR
1.3 STREET ADDRESS 14423 POND PLACE DR.
1.4 CITY-ST-ZIP JACKSONVILLE FL 32223-5063

2.1 TITLE SENIOR WARDEN (D)
2.2 NAME JIMMY GENE PACE
2.3 STREET ADDRESS 6588 COLLIER RD
2.4 CITY-ST-ZIP ST. AUGUSTINE FL 32092

3.1 TITLE JUNIOR WARDEN (D)
3.2 NAME SIEGFRIED ROHRBACHER
3.3 STREET ADDRESS 11944 MARABOU CT S
3.4 CITY-ST-ZIP JACKSONVILLE FL 32223

4.1 TITLE TREASURER (D)
4.2 NAME DONALD E BISH
4.3 STREET ADDRESS 4979 HERTON DR
4.4 CITY-ST-ZIP JACKSONVILLE FL 32258-2222

5.1 TITLE SECRETARY (D)
5.2 NAME WILBUR EUGENE THOMPSON
5.3 STREET ADDRESS 2762 FLYNN CT
5.4 CITY-ST-ZIP JACKSONVILLE FL 32223

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qu. 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:

Wilbur E. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-96

904

354-2339