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 # C10168 (8)

1. Corporation Name

PINE CASTLE LODGE NO. 368 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ~~WILLIAM C WOLF~~ 220 OCEAN ST JACKSONVILLE FL 32202	C/O ~~WILLIAM C WOLF~~ 220 OCEAN ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 04/22/1969
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business
21 Roy Connor Sheppard
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Roy Connor Sheppard
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 23-7526579 ☐ 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

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

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ 2/16/96
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 IN 12
TITLE	WMD	☐ DELETE	11 TITLE
NAME	ROBINSON, JOHN W		12 NAME
STREET ADDRESS	2014 PINEWAY DR.		13 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32839-3804		14 CITY-ST-ZIP
TITLE	SD	☐ DELETE	21 TITLE
NAME	VNA SLYKE, CHAESTE R		22 NAME
STREET ADDRESS	829 JORDAN AVE		23 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32809-6475		24 CITY-ST-ZIP
TITLE	SWD	☐ DELETE	31 TITLE
NAME	ROUSE, ALFRED J III		32 NAME
STREET ADDRESS	508 HEATHERTON VILLAGE		33 STREET ADDRESS
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		34 CITY-ST-ZIP
TITLE	JWD	☐ DELETE	41 TITLE
NAME	DESSERT, LEONARD		42 NAME
STREET ADDRESS	1322 NOLTON WAY		43 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32822-8068		44 CITY-ST-ZIP
TITLE	TD	☐ DELETE	51 TITLE
NAME	YOUNG, EDWARD A III		52 NAME
STREET ADDRESS	4402 BRANDEIS AVE.		53 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32839-1468		54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDR
CITY-ST-ZIP			64 CITY-ST-ZIP

WORSHIPFUL MASTER (D)
ALFRED JAMES ROUSE III
508 HEATHERTON VILLAGE
ALTAMONTE SPRINGS FL 32714-3119

SENIOR WARDEN (D)
LEONARD DESSERT
7929 GUN KEY AVE
ORLANDO FL 32822

JUNIOR WARDEN (D)
JOE THURMAN INGRAM
729 ALABAMA WOODS LANE
ORLANDO FL 32824

TREASURER (D)
EDWARD ANDERSON YOUNG III
4402 BRANDEIS AVE
ORLANDO FL 32839-1468

SECRETARY (D)
CHESTER ROBERT VAN SLYKE
829 JORDAN AVE.
ORLANDO FL 32809-6475

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does no. 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: X _____ 2/07/96 407-855-7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #