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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # C10115 (9)

1. Corporation Name

OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED MA SONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSSONVILLE FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSSONVILLE FL 32202-3218

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/02/1996

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:

4. FEI Number: 23-7526377 ☐ 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 ST
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: Roy Connor Sheppard 2-3-97
Signature, type 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	1.1 TITLE	WORSHIPFUL MASTER D
NAME	ODOM, ALEX SAMUEL		1.2 NAME	Richard Woods
STREET ADDRESS	2105 PARKVIEW DR.		1.3 STREET ADDRESS	702 W. St. Rd. 60
CITY-ST-ZIP	PLANT CITY FL 33566		1.4 CITY-ST-ZIP	Plant City FL 33567-9280
TITLE	SWED	☐ DELETE	2.1 TITLE	
NAME	WOODS, RICHARD		2.2 NAME	
STREET ADDRESS	702 W. ST. RD. 60		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567-9280		2.4 CITY-ST-ZIP	
TITLE	JWD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, GARY DERWOOD		3.2 NAME	
STREET ADDRESS	7006 N. FIVE ACRE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LYTLE, MICHAEL EDWARD		4.2 NAME	
STREET ADDRESS	6801 STAFFORD OAKS PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565-8010		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	SECRETARY D
NAME	CAMERON, JAMES ALTON		5.2 NAME	Cecil Carroll Carr
STREET ADDRESS	1725 GIB-GALLOWAY RD.		5.3 STREET ADDRESS	1305 E Cherry St
CITY-ST-ZIP	LAKELAND FL 33809		5.4 CITY-ST-ZIP	Plant City FL 33566-2612
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do 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: Cecil C. Carr 3-15-97 813-752-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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