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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # C10038 (3)

1. Corporation Name

SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS O F FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202	ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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) 200002486132

83 -04/13/98--01018--026
***5083.75

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 _____ DATE 2/13/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	WMD	☐ DELETE
NAME	HOWERTON, CLAUDIS F	
STREET ADDRESS	3317 LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870-6413	
TITLE	SWD	☐ DELETE
NAME	MORGAN, JONAS R SR	
STREET ADDRESS	P O BOX 3900 N/A	
CITY-ST-ZIP	SEBRING FL 33871-3900	
TITLE	JWD	☐ DELETE
NAME	DANIELS, WALTER B	
STREET ADDRESS	624 TASESCHEE DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TD	☐ DELETE
NAME	WAITE, F E	
STREET ADDRESS	4802 ORANGE BLVD	
CITY-ST-ZIP	SEBRING FL 33870-5637	
TITLE	SD	☐ DELETE
NAME	NELSON, RONALD L	
STREET ADDRESS	1309 OAKWOOD DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. DIRECTORS IN 12		
1.1 TITLE	WORSHIPFUL MASTER (D)	☒ Change ☐ Addition
1.2 NAME	Jonas Randle Morgan Sr	
1.3 STREET ADDRES	1726 NW Lakeview Drive	
1.4 CITY-ST-ZIP	Sebring FL 33870	
2.1 TITLE	SECRETARY (D)	☒ Change ☐ Addition
2.2 NAME	Ronald Louis Nelson	
2.3 STREET ADDRES	1309 Oakwood Dr	
2.4 CITY-ST-ZIP	Sebring Fl 33870	
3.1 TITLE	SENIOR WARDEN (D)	☒ Change ☐ Addition
3.2 NAME	Walter Bylthe Daniels	
3.3 STREET ADDRES	624 Taseschee Dr	
3.4 CITY-ST-ZIP	Sebring FL 33870	
4.1 TITLE	JUNIOR WARDEN (D)	☒ Change ☐ Addition
4.2 NAME	Barry Eugene Waite	
4.3 STREET ADDRES	2137 Sullivan St.	
4.4 CITY-ST-ZIP	Sebring Fl 33872-6482	
5.1 TITLE	TREASURER (D)	☒ Change ☐ Addition
5.2 NAME	F. Eugene Waite	
5.3 STREET ADDRES	4802 Orange Blvd	
5.4 CITY-ST-ZIP	Sebring Fl 33870-5637	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Ronald L Nelson Ronald L Nelson 3-6-98 941-385-3364