

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90161 001 \*5,083.75

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # C10038**

1. Corporation Name

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

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

Mailing Address  
**ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		-06/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1651185	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JONAS R SR	1.2 NAME	Walter Blythe Daniels
STREET ADDRESS	1726 N.W. LAKEVIEW DRIVE	1.3 STREET ADDRESS	624 Tateschee Dr
CITY-ST-ZIP	SEBRING FL 33870	1.4 CITY-ST-ZIP	Sebring FL 33870
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RONALD L	2.2 NAME	Barry Eugene Waite
STREET ADDRESS	1309 OAKWOOD DRIVE	2.3 STREET ADDRESS	2137 Sullivan St.
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	Sebring FL 33872-6482
TITLE	SWD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, WALTER B	3.2 NAME	Donel Hugh Daff
STREET ADDRESS	624 TATESCHEE DRIVE	3.3 STREET ADDRESS	1153 Hawthorne Dr.
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	Sebring FL 33870-2941
TITLE	JWD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	WAITE, BARRY E	4.2 NAME	
STREET ADDRESS	2137 SULLIVAN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872-6482	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WAITE, F. EUGENE	5.2 NAME	
STREET ADDRESS	4802 ORANGE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870-5637	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Signature Required  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1999 941-385 3364  
Date Daytime Phone #

CR2E037 (1/98)