

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 # **C10018** (5)

1. Corporation Name

MALONE LODGE NO. 224 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**

26 **ROY CONNOR SHEPPARD**

4. FEI Number **23-7526469** Applied For Not Applicable

Suite, Apt. #, etc.

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

25 Country

29 Zip

30 Country

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, Not Applicable) **500001756345**
83 **04/02/96-01061-001**
*****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

Signature of registered agent or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Roy Connor Sheppard

2/16/96

12. OFFICERS AND DIRECTORS

TITLE	WMD <input type="checkbox"/> DELETE
NAME	BAREFIELD, JOHN D
STREET ADDRESS	RT 1 BOX 370
CITY-ST-ZIP	GREENWOOD FL
TITLE	SWD <input type="checkbox"/> DELETE
NAME	BAXTER, EARNEST
STREET ADDRESS	PO BOX 262 N/A
CITY-ST-ZIP	GREENWOOD FL 32443-0262
TITLE	JWD <input type="checkbox"/> DELETE
NAME	BAREFIELD, JOHN D
STREET ADDRESS	RT. 1 BOX 370D RD
CITY-ST-ZIP	GREENWOOD FL 32443-0154
TITLE	TD <input type="checkbox"/> DELETE
NAME	TATOM, CHARLES F
STREET ADDRESS	P.O. BOX 154 N/A
CITY-ST-ZIP	GREENWOOD FL 32443-0154
TITLE	SD <input type="checkbox"/> DELETE
NAME	MYERS, LESLIE E
STREET ADDRESS	P.O. BOX 2 N/A
CITY-ST-ZIP	MARLONE FL 32445-0002
TITLE	<input type="checkbox"/> 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 **FRANCIS DANIEL TOMPKINS**

1.3 STREET ADDRESS **6694 WOLF POND RD.**

1.4 CITY-ST-ZIP **BASCOM FL 32423-9378**

2.1 TITLE **SENIOR WARDEN (D)**

2.2 NAME **JOHN DAVID BAREFIELD**

2.3 STREET ADDRESS **6505 BLUE SPRINGS RD**

2.4 CITY-ST-ZIP **GREENWOOD FL 32443-9801**

3.1 TITLE **JUNIOR WARDEN (D)**

3.2 NAME **WILTON RISHER CLOUD**

3.3 STREET ADDRESS **6950 CIRCLE HILL RD.**

3.4 CITY-ST-ZIP **SNEADS FL 32460**

4.1 TITLE **TREASURER (D)**

4.2 NAME **CHARLES FLETCHER TATOM**

4.3 STREET ADDRESS **PO BOX 154 N/A**

4.4 CITY-ST-ZIP **GREENWOOD FL 32443-0154**

5.1 TITLE **SECRETARY (D)**

5.2 NAME **LESLIE E MYERS**

5.3 STREET ADDRESS **PO BOX 2 N/A**

5.4 CITY-ST-ZIP **MALONE FL 32445-0002**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 617.0503(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Francis D. Tompkins

2/4/96

904-592-2695

CH2E03/ (12/95)

6-3-96