

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # C10018 (5)

1. Corporation Name

MALONE LODGE NO. 224 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/02/1996
21	26	4. FEI Number 23-7526469	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country		
24	25		
	29		
	30		

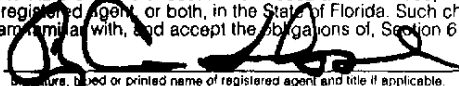
9. Name and Address of Current Registered Agent

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 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  2-3-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME	THOMPSON, FRANCIS D	1.2 NAME	Francis Daniel Tompkins
STREET ADDRESS	6694 WOLF POND RD.	1.3 STREET ADDRESS	6694 Wolf Pond Rd.
CITY-ST-ZIP	BALCOM FL 32423-9378	1.4 CITY-ST-ZIP	BALCOM FL 32423-9378
TITLE	SWD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	BAREFIELD, JOHN D	2.2 NAME	Wilton Risher Cloud
STREET ADDRESS	6506 BLUE SPRING RD.	2.3 STREET ADDRESS	5035 Barwood Rd #336
CITY-ST-ZIP	GREENWOOD FL 32443-9801	2.4 CITY-ST-ZIP	BALCOM FL 32423-9145
TITLE	JWD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	CLOUD, WILTON R	3.2 NAME	Derward Basczeynski
STREET ADDRESS	6950 CIRCLE HILL RD.	3.3 STREET ADDRESS	4359 West South St
CITY-ST-ZIP	SNEADS FL 32480	3.4 CITY-ST-ZIP	Marianna FL 32446
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER D
NAME	TATOM, CHARLES F	4.2 NAME	Charles Fletcher Tatom
STREET ADDRESS	P.O. BOX 154 N/A	4.3 STREET ADDRESS	Po Box 154 N/A
CITY-ST-ZIP	GREENWOOD FL 32443-0154	4.4 CITY-ST-ZIP	Greenwood FL 32443-0154
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY D
NAME	MYERS, LESUE E	5.2 NAME	Leslie E Myers
STREET ADDRESS	P.O. BOX 2 N/A	5.3 STREET ADDRESS	Po Box 2 N/A
CITY-ST-ZIP	MALONE FL 32445-0002	5.4 CITY-ST-ZIP	Malone FL 32445-0002
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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  Leslie E. Myers 904-354-2339 04-10-97

CR2E037 (9/96)