

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**06/30/1992**

4. FEI Number

**23-7526469**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/13/98*

12. OFFICERS AND DIRECTORS

13.

TITLE **WMD** ☐ DELETE  
NAME **THOMPkins, FRANCIS D**  
STREET ADDRESS **6694 WOLF POND RD.**  
CITY-ST-ZIP **BASCOM FL 32423-9378**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDR  
1.4 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)  
Francis Daniel Tompkins  
6694 Wolf Pond Rd.  
Bascom Fl 32423-9378**

DIRECTORS IN 12

☒ Change ☐ Addition

TITLE **JWD** ☐ DELETE  
NAME **BESCZEZYNSKI, DERWARD**  
STREET ADDRESS **4359 WEST SOUTH ST**  
CITY-ST-ZIP **MARIANNA FL 32446**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDR  
2.4 CITY-ST-ZIP

**SECRETARY (D)  
Leslie E Myers  
Po Box 2 N/A  
Malone Fl 32445**

☒ Change ☐ Addition

TITLE **SWD** ☐ DELETE  
NAME **CLOUD, WILTON R**  
STREET ADDRESS **5035 BASSWOOD RD #336**  
CITY-ST-ZIP **BASCOM FL 32423-9145**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDR  
3.4 CITY-ST-ZIP

**SENIOR WARDEN (D)  
Derward Besczezynski  
4359 West South St  
Marianna FL 32446**

☒ Change ☐ Addition

TITLE **TD** ☐ DELETE  
NAME **TATOM, CHARLES F**  
STREET ADDRESS **P.O. BOX 154 N/A**  
CITY-ST-ZIP **GREENWOOD FL 32443-0154**

4.1 TITLE  
4.2 NAME  
4.3 STREET A  
4.4 CITY-ST-

**JUNIOR WARDEN (D)  
John David Barefield  
6505 Blue Springs Rd  
Greenwood Fl 32443-9801**

☒ Change ☐ Addition

TITLE **SD** ☐ DELETE  
NAME **MYERS, LESLIE E**  
STREET ADDRESS **P.O. BOX 2 N/A**  
CITY-ST-ZIP **MARLONE FL 32445-0002**

5.1 TITLE  
5.2 NAME  
5.3 STREET A  
5.4 CITY-ST-

**TREASURER (D)  
Charles Fletcher Tatom  
Po Box 154 N/A  
Greenwood Fl 32443-0154**

☒ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE

*Leslie E Myers*

**03-12-98**

**054 518 2410**

CP2E037 (10/97)