

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR - 1 PM 8: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700001419897

-03/02/95--01109--001

DO NOT WRITE IN THESE SPACES \$130.00

DOCUMENT # **C10024** (3)  
1. Corporation Name  
**FORT GREEN LODGE NO. 216 FREE AND ACCEPTED MASON  
S OF FLORIDA**

Principal Place of Business Mailing Address  
**C/O WILLIAM G WOLF  
220 OCEAN ST.  
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **59-1837080** Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**WOLF, WILLIAM G.  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
81 M **SHEPPARD, ROY CONNOR**  
82 E **220 OCEAN STREET**  
83 **JACKSONVILLE FL 32202**  
84 C

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0415, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/6/95**  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	WM
NAME	MOYE, WILLIAM R
STREET ADDRESS	RT 1 BOX 141
CITY - ST - ZIP	ONA FL
TITLE	S
NAME	MOYE, WILLIAM C
STREET ADDRESS	RR 1 BOX 141
CITY - ST - ZIP	ONA FL
TITLE	SW
NAME	KRELL, CHARLES R JR
STREET ADDRESS	RT 2 BOX 117C
CITY - ST - ZIP	BOWLING GREEN FL
TITLE	JW
NAME	GIBSON, JERRY L
STREET ADDRESS	RR 1 BOX 176A
CITY - ST - ZIP	BOWLING GREEN FL
TITLE	T
NAME	MCLENDON, HAROLD B
STREET ADDRESS	RT 3 72 M MCEVEN RD
CITY - ST - ZIP	WAUCHULA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995

1.1 TITLE	WORSHIPFUL MASTER / D
1.2 NAME	CHARLES RAYMOND KRELL JR
1.3 STREET ADDRESS	RT 2 BOX 117C
1.4 CITY - ST - ZIP	BOWLING GREEN FL 33834
2.1 TITLE	SENIOR WARDEN / D
2.2 NAME	JERRY LYNN GIBSON
2.3 STREET ADDRESS	RR 1 BOX 176A
2.4 CITY - ST - ZIP	BOWLING GREEN FL 33834-9755
3.1 TITLE	JUNIOR WARDEN / D
3.2 NAME	BILLY EDD HUDDLESTON
3.3 STREET ADDRESS	RT 1 BOX 315 B
3.4 CITY - ST - ZIP	WAUCHULA FL 33873-9801
4.1 TITLE	TREASURER / D
4.2 NAME	LESLIE WAYNE ROLLINS
4.3 STREET ADDRESS	PO BOX 801 N/A
4.4 CITY - ST - ZIP	WAUCHULA FL 33873-0801
5.1 TITLE	SECRETARY / D
5.2 NAME	WILLIAM CONARD MOYE
5.3 STREET ADDRESS	RR 1 BOX 141
5.4 CITY - ST - ZIP	ONA FL 33865-9601
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

*[Handwritten signature: 3/1/95 WST]*

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 110.07(3)(k), 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]* DATE **2/14/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-7733382  
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