

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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

3. Date Incorporated or Qualified  
**06/30/1992**

3a. Date of Last Report  
**03/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**

26 **ROY CONNOR SHEPPARD**

4. FEI Number  
**59-1837080**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25 Country

29

30 Country

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]*

**2/16/96**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>KRELL, CHARLES R JR</b>	
STREET ADDRESS	<b>RT 2 BOX 117 C</b>	
CITY-ST-ZIP	<b>BOWLING GREEN FL 33834</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, JERRY L</b>	
STREET ADDRESS	<b>RR 1 BOX 176A</b>	
CITY-ST-ZIP	<b>BOWLING GREEN FL 33834-9755</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDDLESTON, BILLY E</b>	
STREET ADDRESS	<b>RT. 1 BOX 315 N/A</b>	
CITY-ST-ZIP	<b>WAUCHULA FL 33873-9801</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROLLINS, LESLIE W</b>	
STREET ADDRESS	<b>P.O. BOX 801 N/A</b>	
CITY-ST-ZIP	<b>WAUCHULA FL 33873-0801</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOYE, WILLIAM C</b>	
STREET ADDRESS	<b>RR 1 BOX 141</b>	
CITY-ST-ZIP	<b>ONA FL 33865-9601</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
1.2 NAME	<b>CHARLES RAYMOND KRELL JR</b>
1.3 STREET ADDRESS	<b>RT 2 BOX 117C</b>
1.4 CITY-ST-ZIP	<b>BOWLING GREEN FL 33834</b>
2.1 TITLE	<b>SENIOR WARDEN (D)</b>
2.2 NAME	<b>LEONARD D THORNTON</b>
2.3 STREET ADDRESS	<b>RR 1 BOX 182</b>
2.4 CITY-ST-ZIP	<b>BOWLING GREEN FL 33834-9757</b>
3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
3.2 NAME	<b>WILLIAM RANDALL MOYE</b>
3.3 STREET ADDRESS	<b>RT 1 BOX 141</b>
3.4 CITY-ST-ZIP	<b>ONA FL 33865-9601</b>
4.1 TITLE	<b>TREASURER (D)</b>
4.2 NAME	<b>NORMAN KIETH REVELL</b>
4.3 STREET ADDRESS	<b>RR 1 BOX 218C</b>
4.4 CITY-ST-ZIP	<b>BOWLING GRN FL 33834</b>
5.1 TITLE	<b>SECRETARY (D)</b>
5.2 NAME	<b>WILLIAM CONARD MOYE</b>
5.3 STREET ADDRESS	<b>RR 1 BOX 141</b>
5.4 CITY-ST-ZIP	<b>ONA FL 33865-9601</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the information indicated on this annual report or supplemental annual report is true and accurate and that my signature and name on some legal effect as in 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: **X C R Krell** Charles Raymond Krell Jr. 3/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

921-773-3382

CR2E037 (12/95)