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Mar 11 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 # C10024 (3)

1. Corporation Name

FORT GREEN LODGE NO. 216 FREE AND ACCEPTED MASON
S OF FLORIDA



Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218
US

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21

Suite, Apt. #, etc

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

4. FEI Number

59-1837080

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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	Wendell Arlo Turner
2.3 STREET ADDRESS	Po Box 3 N/A
2.4 CITY-ST-ZIP	Wauchula Fl 33873-0003
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	William Randall Moye
3.3 STREET ADDRESS	Rt 1 Box 141
3.4 CITY-ST-ZIP	Ona Fl 33865-9801
4.1 TITLE	TREASURER D
4.2 NAME	Norman Kieth Revell
4.3 STREET ADDRESS	RR 1 Box 218C
4.4 CITY-ST-ZIP	Bowling Grn Fl 33834
5.1 TITLE	SECRETARY D
5.2 NAME	William Conard Moye
5.3 STREET ADDRESS	9727 St Rd 64 West
5.4 CITY-ST-ZIP	Ona FL 33865
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: William C Moye REQUIRED W.C. Moye s-2/6/97 941-735-0831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 00000000

CR2E037 (9/96)