


FILE NOW: FILING FEE IS \$61.25

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**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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: **ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US**
Mailing Address: **ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **06/30/1992**
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. 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
**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
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]* DATE: **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	CHARLES RAYMOND KRELL JR	
STREET ADDRESS	RT 2 BOX 117 C	
CITY-ST-ZIP	BOWLING GREEN FL	
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	WILLIAM CONARD MOYE	
STREET ADDRESS	9727 ST RD 64 WEST	
CITY-ST-ZIP	ONA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOYE, WILLIAM CONARD RANDALL	
STREET ADDRESS	RR 1 BOX 141	
CITY-ST-ZIP	ONA FL	

13. DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Randall Moye	
1.3 STREET ADDRESS	9727 St Rd 64 W	
1.4 CITY-ST-ZIP	Ona FL 33865	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Conard Moye	
2.3 STREET ADDRESS	9727 St Rd 64 West	
2.4 CITY-ST-ZIP	Ona FL 33865	
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wendell Arlo Turner	
3.3 STREET ADDRESS	Po Box 3 N/A	
3.4 CITY-ST-ZIP	Wauchula Fl 33873-0003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Leonard D Thornton	
4.3 STREET ADDRESS	2924 Thomas Rd	
4.4 CITY-ST-ZIP	Bowling Green Fl 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Billy Edd Huddleston	
5.3 STREET ADDRESS	1715 Vandola Rd	
5.4 CITY-ST-ZIP	Wauchula Fl 33873	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. *William C. Moye*

SIGNATURE: *[Signature]* DATE: **3/15/98**

CP2E037 (10/97)