FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # C10024

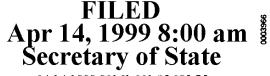
1. Corporation Name

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

Mailing Address

ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202



04-14-1999 90161 001 *5,083.75

US		US							
2 5 1 1 1 1	20 Mailing Address			3. Date Incorporated or Qualifed					
— '	ace of Business 2a. Mailing Address				06/30/1992				
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For		
22	,, 0.0.	27			59-1837080	_ 	t Applicable		
	City & State City & State				_	\$8.75 A	dditional		
23	28			5. Certificate of Status Desired	Fee Re	quired			
Zip	Country	Zip Country			6. Election Campaign Financing	lection Campaign Financing 55.00 May Be			
24	25 29 30				Trust Fund Contribution Added to Fees				
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
SHEPPARD, ROY CONNOR			82	82 Street Address (P.O. Box Number is Not Acceptable)					
220_OCEA	N STREET	' •							
JACKSON'	VILLE FL 32202		83	83					
, ; ·			84	City	• —	85 Zip C	Code		
				<u> </u>	FL				
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 a	n familiar with, and accept the obligation	ns of, Section 617.0503, Florida	a Statutes	i.	ALIA	-			
SIGNATURE	N/A_				/V/A				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required agent and title if applicable.) 12. / OFFICERS AND DIRECTORS 13.				ulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		DELETE	1.1 TITLE	T		Change	Addition		
NAME V	D(1.2 NAME		,	-			
TWING.	more, within it			TADDRESS					
STREET ADDRESS	9727 ST RD 64 W	1	1.3 3 TREE	1			4		
CITY-ST-ZIP	ONA FL 33865	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2.1 TITLE	H-ZIF		Change	Addition		
NAME /	30, \			ĺ			}		
STREET ADDRESS	moiti with a			TADDRESS -	المنتقل المعالي المحالية والمستقال المنتارين				
CITY-ST-ZIP				ST-ZIP					
TITLE	D) \(\subseteq \text{DELETE} \) 33865					Change	☐ Addition		
NAME V	TURNER, WENDELL A			1					
STREET ADDRESS				TADDRESS					
C/TY-ST-ZIP	1 0 1000 0 1400			ST-ZIP					
TITLE	D()	☐ DELETE \	4.1 TITLE			Change	☐ Addition		
NAME /	THORNTON, LEONAD D		4.2 NAME						
STREET ADDRESS	THOMATON, EESING D		4.3 STREE	TADDRESS	•				
CITY-ST-ZIP	BOWLING GREEN FL 33834 4ACT			IT-ZIP					
TITLE	TD \	☐ DELETE	5.1 TITLE			Change	Addition		
NAME 🗸	HUDCLESTON, BILLY E		5.2 NAME	> '\					
STREET ADDRESS	1715 VANDOLA RD		5.3 STREE	TADDRESS \					
CITY-ST-ZIP	WAUCHULA FL 33873		5.4 CITY-S	ST-ZIP		<u></u>			
TITLE	SD \	☐ DELETE	6.1 TITLE		·	Change	Addition		
NAME #	MOYE, WILLIAM R		6.2 NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
STREET ADDRESS	RR 1 BOX 141		6.3 STREE	TADORESS					

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, with all other like empowered.

SIGNATURE:

941-735-0831