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FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90161 001 *5,083.75

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
 US

Mailing Address

ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

N/A

N/A

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	D	<input type="checkbox"/> DELETE
NAME	MOYE, WILLIAM R	
STREET ADDRESS	9727 ST RD 64 W	
CITY-ST-ZIP	ONA FL 33865	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOYE, WILLIAM C	
STREET ADDRESS	9727 ST RD 64 W - duplicate	
CITY-ST-ZIP	ONA FL 33865	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, WENDELL A	
STREET ADDRESS	P O BOX 3 N/A	
CITY-ST-ZIP	WAUCHULA FL 33873-0003	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THORNTON, LEONAD D	
STREET ADDRESS	2924 THOMAS RD	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUDDLESTON, BILLY E	
STREET ADDRESS	1715 VANDOLA RD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOYE, WILLIAM R	
STREET ADDRESS	RR 1 BOX 141	
CITY-ST-ZIP	ONA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

X *William C Moye* Secretary

3/2/99

94-735-0831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)