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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # C10027

1. Corporation Name

LAKE WALES LODGE NO. 242 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

07/01/1992

4. FEI Number

59-2900926

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

TITLE DELETE
 NAME ✓ WMD CHARLES LUTHER BAILEY JR
 STREET ADDRESS 3055 WALK-IN-WATER RD
 CITY-ST-ZIP LAKE WALES FL 33853

TITLE DELETE
 NAME ✓ SD GREGORY ALLEN FISHER
 STREET ADDRESS P.O. BOX 3911 (N/A)
 CITY-ST-ZIP LAKE WALES FL 33859-3911

TITLE DELETE
 NAME D JOHN WILLIAM PICKELS
 STREET ADDRESS 34 COLLEGE DR
 CITY-ST-ZIP BABSON PARK FL 33853

TITLE DELETE
 NAME D ROBERT LEE PRICE
 STREET ADDRESS 5106 PINEAPPLE ST
 CITY-ST-ZIP LAKE WALES FL 33853

TITLE DELETE
 NAME TD HAROLD KENNETH GREEN
 STREET ADDRESS 4904 BENTON ST
 CITY-ST-ZIP LAKE WALES FL 33853

TITLE DELETE
 NAME D CURL, CHARLES AUBREY
 STREET ADDRESS 143 HALL ST
 CITY-ST-ZIP LAKE WALES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JUNIOR WARDEN (D) Change Addition
 1.2 NAME Wendell Farrow
 1.3 STREET ADDRESS 335 Oleander Rd.
 1.4 CITY-ST-ZIP Lake Wales FL 33853 Change Addition

2.1 TITLE TREASURER (D) Change Addition
 2.2 NAME Rance Neal Crabtree
 2.3 STREET ADDRESS 4840 Benton St
 2.4 CITY-ST-ZIP Lake Wales FL 33853-2611 Change Addition

3.1 TITLE Senior Warden Change Addition
 3.2 NAME Rodger C. Carson
 3.3 STREET ADDRESS 309 S. 5th. Street
 3.4 CITY-ST-ZIP Lake Wales, FL 33853 Add

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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:

Gregory Allen Fisher
 SECRETARY

March 9, 1999 941-428-2500 ext 2403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)