NONP	ROFIT
CORPO	RATION
ANNUAL	REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #

C10029 EVERGLADES LODGE NO. 211 FREE AND ACCEPTED MASON S OF FLORIDA Principal Place of Business Mailing Address C/O WILLIAM G WOLF C/O-WILLIAM & WOLF 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date incorporated or Qualified 3a. Date of Last Report 06/30/1992 03/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 ROY CONNOR SHEPPARD 21 ROY CONNOR SHEPPARD 23-7273754 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHEPPARD, ROY CONNOR 82 Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE FL 32202 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES O OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TiTLE WORSHIPFUL MASTER (0) NAM: YATES, THOMAS O SR 1.2 NAME DELMAS EDWARD WALLIS STAR ROUTE BOX 806 STREEL ADDRESS 1.3 STREET ADDRESS 609 N E 3RD ST **CANAL POINT FL 33438** CITY - ST - ZIP 1.4 CITY - \$T - ZIP BELLE GLADE FL 33430-2035 TITLE SWD DELETE 2.1 TITLE WALLIS, DELMAS E NAME 2.2 NAME SENIOR WARDEN (D) 609 NE 3RD ST. STREET ADDRESS 2.3 STREET ADDRESS EARL EUGENE HINGSON BELLE GLADE FL 33430-2035 CITY-ST-ZIP 2 4 City-St-ZiP P 0 B0X 605 NIA TITLE JWD DELETE 3.1 TITLE CANAL POINT FL 33438-0605 HINGSON, EARL E NAME 3.2 NAME P.O. BOX 605 N/A STREET ADDRESS 3.3 STREET ADDRESS JUNIOR WARDEN (01 CANAL POINT FL 33438-0606 CITY-ST-ZIP 3.4. CITY - ST - ZIP JOHN MILTON HATCH TITLE DELETE 4.1 TITLE 79 SANTA MONICA G SEARS, HARLAN H NAME 4. 2 NAME ROYAL PALM BEACH FL 33411 STAR RT. BOX 820 STREET ADDRESS 4.3 STREET ADDRESS CANAL POINT FL 33438 CITY-ST-ZIP TREASURER (D) 4.4 CITY - ST - ZIP DILE DELETE 5.1 TITLE WILLIE LEE HAND BENNETT, JAMES A NAME N/A 52 NAME P 0 80X 44 STREET ADDRESS P.O. BOX 538 N/A 5.3 STREET ADDRESS CANAL POINT FL 33438-0044 PAHOKEE FL 33476-0538 CHTY-ST-ZIP 54 CITY-ST-ZIP SECRE TARY (0) TITLE DELETE 61 TITLE JAMES ALTON BENNETT

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual certify that the information indicated on this annual report or supplemental annual report is true and accurate and man may signature shall nave the same legal effect as it 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: CER OR DIRECTOR

NAME

STREET ADDRESS

CITY - ST- 7IP

PAHOKEE FL 33476-0538

P.O. BOX 538

904 354-2339 (12/95)CHARGS