

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001419893

03/02/95-01109-001
DO NOT WRITE IN THIS SPACE
FEE: \$130.00

DOCUMENT # C10031 (8)

1. Corporation Name
SAINT ANDREWS LODGE NO. 212 FREE ANDD ACCEPTED M
ASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified	3a. Date of Last Report
06/30/1992	04/29/1994
4. FEI Number	Applied For
59-1379644	Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
21. State, Dist. & M.C.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLF, WILLIAM G. 220 OCEAN STREET JACKSONVILLE FL 32202	81. SHEPPARD, ROY CONNOR 82. 220 OCEAN STREET 83. JACKSONVILLE FL 32202 84.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 of the provisions of, Section 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2/6/95

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. WCRSHIPFUL MASTER /D	
12.1 NAME: WM HALL, CLINT W JR	12.2 STREET ADDRESS: 2114 ST ANDREWS BLVD PANAMA CITY FL	13.1 TITLE: PAUL EUGENE KIRKPATRICK	13.2 NAME: 221 N MACARTHUR AVE
12.3 STREET ADDRESS: PANAMA CITY FL	12.4 CITY-ST-ZIP: PANAMA CITY FL	13.3 STREET ADDRESS: PANAMA CITY FL 32401-3861	13.4 CITY-ST-ZIP: PANAMA CITY FL 32401-3861
12.5 NAME: S HIGHTOWER, ROY A	12.6 STREET ADDRESS: 2513 W 27TH ST PANAMA CITY FL	13.5 TITLE: SENIOR WARDEN /D	13.6 NAME: LOWELL EDWARD BURWELL
12.7 STREET ADDRESS: PANAMA CITY FL	12.8 CITY-ST-ZIP: PANAMA CITY FL	13.7 STREET ADDRESS: 7928 JOHNNY LANE PANAMA CITY FL 32404-5604	13.8 CITY-ST-ZIP: PANAMA CITY FL 32404-5604
12.9 NAME: SW KIRKPATRICK, PAUL E	12.10 STREET ADDRESS: 221 N MACARTHUR AVE PANAMA CITY FL	13.9 TITLE: JUNIOR WARDEN /D	13.10 NAME: JOEL DANIEL WILLIAMS
12.11 STREET ADDRESS: PANAMA CITY FL	12.12 CITY-ST-ZIP: PANAMA CITY FL	13.11 STREET ADDRESS: 11704 BAY VISTA DR PANAMA CITY FL 32404-2623	13.12 CITY-ST-ZIP: PANAMA CITY FL 32404-2623
12.13 NAME: JW BURWELL, LOWELL E	12.14 STREET ADDRESS: 7928 JOHNNY LANE PANAMA CITY FL	13.13 TITLE: TREASURER /D	13.14 NAME: JOHN ROWLEY GIVENS
12.15 STREET ADDRESS: PANAMA CITY FL	12.16 CITY-ST-ZIP: PANAMA CITY FL	13.15 STREET ADDRESS: 1000 W. 12TH CT. PANAMA CITY FL 32401-2013	13.16 CITY-ST-ZIP: PANAMA CITY FL 32401-2013
12.17 NAME: I ASBELL, FRANCIS E	12.18 STREET ADDRESS: 2203 W 20TH ST PANAMA CITY FL	13.17 TITLE: SECRETARY /D	13.18 NAME: ROY ASHLEY HIGHTOWER
12.19 STREET ADDRESS: PANAMA CITY FL	12.20 CITY-ST-ZIP: PANAMA CITY FL	13.19 STREET ADDRESS: 2513 W. 27TH ST. PANAMA CITY FL 32405-2108	13.20 CITY-ST-ZIP: PANAMA CITY FL 32405-2108
12.21 NAME:	12.22 STREET ADDRESS:	13.21 TITLE:	13.22 NAME:
12.23 STREET ADDRESS:	12.24 CITY-ST-ZIP:	13.23 STREET ADDRESS:	13.24 CITY-ST-ZIP:
12.25 NAME:	12.26 STREET ADDRESS:	13.25 TITLE:	13.26 NAME:
12.27 STREET ADDRESS:	12.28 CITY-ST-ZIP:	13.27 STREET ADDRESS:	13.28 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name is shown in block 12 or block 13, as changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 16 Feb 95

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

904-7858498