

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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 <b>06/30/1992</b>	3a. Date of Last Report <b>03/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>ROY CONNOR SHEPPARD</b>	26 <b>ROY CONNOR SHEPPARD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

4. FEI Number <b>59-1379644</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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)	<b>200001766332</b>
83	<b>-04/02/96--01061--001</b>
84 City	<b>***5083.75</b>
85 Zip Code	<b>FL</b>

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 *[Signature]*  
Signature and printed name of registered agent and title (see above)

(NOTE: Registered Agent signature required when re-registering)

**2/16/96**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>WMD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
NAME	<b>KIRKPATRICK, PAUL E</b>	1.2 NAME	<b>LOWELL EDWARD BURWELL</b>
STREET ADDRESS	<b>221 N. MACARTHUR AVE.</b>	1.3 STREET ADDRESS	<b>7928 JOHNNY LANE</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32401-3861</b>	1.4 CITY-ST-ZIP	<b>PANAMA CITY FL 32404-5604</b>
TITLE	<b>SWD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SENIOR WARDEN (D)</b>
NAME	<b>BURWELL, LOWELL E</b>	2.2 NAME	<b>VIRGIL D BASS</b>
STREET ADDRESS	<b>7928 JOHNNY LANE</b>	2.3 STREET ADDRESS	<b>3541 FLORIDA AVE.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32404-5604</b>	2.4 CITY-ST-ZIP	<b>PANAMA CITY FL 32405-3324</b>
TITLE	<b>JWD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
NAME	<b>WILLIAMS, JOEL D</b>	3.1 NAME	<b>MICHAEL EDWARD NEWBURY SR</b>
STREET ADDRESS	<b>11704 BAY VISTA DR.</b>	3.3 STREET ADDRESS	<b>301 S. STAR AVE.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32404-2623</b>	3.4 CITY-ST-ZIP	<b>PANAMA CITY FL 32404-8516</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER (D)</b>
NAME	<b>GIVENS, JOHN R</b>	4.1 NAME	<b>JOHN ROWLEY GIVENS</b>
STREET ADDRESS	<b>1000 W. 12TH CT.</b>	4.3 STREET ADDRESS	<b>1000 W. 12TH CT.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32401-2013</b>	4.4 CITY-ST-ZIP	<b>PANAMA CITY FL 32401-2013</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>SECRETARY (D)</b>
NAME	<b>HIGHTOWER, ROY A</b>	5.2 NAME	<b>ROY ASHLEY HIGHTOWER</b>
STREET ADDRESS	<b>2513 W. 27TH ST.</b>	5.3 STREET ADDRESS	<b>2513 W. 27TH ST.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32405-2108</b>	5.4 CITY-ST-ZIP	<b>PANAMA CITY FL 32405-2108</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA). I 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7 MAR 96**  
Date

**904-722-0583**  
Daytime Phone #

CR2E037 (12/95)