

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

DOCUMENT # **C10038** (3)

1. Corporation Name
SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS O F FLORIDA

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-1651185** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 25 29 30

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

5.00001476355
-05/04/95--01122--001

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of its officers and directors to the 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 obligation of, Section 607.0507, Florida Statutes.

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	WM
NAME	FINK, LENNY C
STREET ADDRESS	3508 DAUPHINE ST
CITY - ST - ZIP	SEBRING FL
TITLE	S
NAME	CHAMBERS, DAVID R
STREET ADDRESS	2330 GARDEN VIEW ROAD
CITY - ST - ZIP	SEBRING FL
TITLE	SW
NAME	DEAN, JOHN T
STREET ADDRESS	4875 SPARTA ROAD
CITY - ST - ZIP	SEBRING FL
TITLE	JW
NAME	DUNCAN, THOMAS W
STREET ADDRESS	1228 NANCESOWEE AVE
CITY - ST - ZIP	SEBRING FL
TITLE	T
NAME	PARKER, WILLIAM J JR
STREET ADDRESS	111 N COMMERCE AVE
CITY - ST - ZIP	SEBRING FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	WGRSHIPFUL MASTER/D
12 NAME	JOHN THERON DEAN
13 STREET ADDRESS	4875 SPARTA ROAD
14 CITY - ST - ZIP	SEBRING FL 33872-5568
21 TITLE	SENIOR WARDEN/D
22 NAME	MICHAEL M DISLER
23 STREET ADDRESS	528 9TH AVE.
24 CITY - ST - ZIP	SEBRING FL 33872
31 TITLE	JUNIOR WARDEN/D
32 NAME	FREDERICK B KRESGE
33 STREET ADDRESS	47 CENTURY BLVD.
34 CITY - ST - ZIP	AVON PARK FL 33825
41 TITLE	TREASURER/D
42 NAME	WILLIAM S WAGGANAN
43 STREET ADDRESS	P. O. BOX 610 N/A
44 CITY - ST - ZIP	LORIDA FL 33857-0610
51 TITLE	SECRETARY/D
52 NAME	DAVID ROSS CHAMBERS
53 STREET ADDRESS	2330 GARDEN VIEW ROAD
54 CITY - ST - ZIP	SEBRING FL 33870-1568
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

5/1/95
MSA

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 119.07(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; 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]* **JOHN T. DEAN**
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-95 **1-813-385 5415**
Date (Daytime Phone #)