FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996

DOCUMENT # C10038

(3)

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

Principal Place of Business C/O-WILLIAM & WOLF

Mailing Address

C/O-WILLIAM G WOLF



220 OCEAN ST. Jacksonville fl 32202		220 ÓCEAN ST. JACKSONVILLE FL 32202		3. Date Incorporated or Qualified	3a. Date of Last Report	
• 0: :::				06/30/1992	05/01/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21 Roy Connor SHEPPARD Suite, Apt. #, etc.		26 ROY CONNOR SHEPPARD		59-1651185	Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Hequired	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	This corporation has liability for int	Added to Fees	
24	25	29	30		Yes No	
	Name and Address of Curren	nt Registered Agent		10. Name and Address of New Reg		
			81 Nar	ne		
SHEPPARD, ROY CONNOR				eet Address (P.O. Box Number is Not Acceptable)		
220 OCEAN STREET				LI 600001766416:		
JACKSONVILLE FL 32202			83	83 ~04/02/96~-01061~-001		
			84 City	<u>*************************************</u>	<b>■■ 85</b> Zip Code	
44 8						
or registe	to the provisions of Sections 617.0502 gred agent, or bethein the State of Florid	and 617.1508, Florida Statut 3a. Suc <b>it</b> ichange was authoria	es, the above-named	d corporation submits this statement for the purpo	se of changing its registered office	
familiär w	ith and accept the poligations of, Secti	ion 31 .0503, Florid / Statute:	3.	n's board of directors. I hereby accept the appoin	tment as registered agent. I am	
SIGNATURE	I Ke	a carrie		Á	2/16/96	
12.	Signification and or printed name of registered agent.  OFFICERS ANI		DTE: Registered Agent signati		DATE	
TITLE	WMD	DELETE	1.1 TITLE	ADD: HONS CHANGES 10) OFFICE	ERS AND DIRECTORS IN 12	
NAME	DEAN, JOHN THERON		1.2 NAME	WORSHIPFUL MASTER	(D)	
STREET ADDRESS	4875 SPARTA ROAD		1.3 STREET ADDRES	JOHN THERON DEAN		
CITY-ST-ZIP	SEBRING FL 33872-5568		1.4 CITY-ST-ZIP	4875 SPARTA ROAD		
TITLE	SWD	DELETE	2.1 TiTLE	SEBRING FL 33872-9	5568	
NAME	DISLER, MICHAEL M		2.2 NAME	SENIOR WARDEN	(D)	
STREET ADDRESS	528 9TH AVE.		2.3 STREET ADDRES		•	
CITY-ST-ZIP	CERDING EL 22072		2 4 CITY-ST-ZIP		1216 EDGEWATER POINT DR	
TiTLE	JWD	DELETE	31 TITLE	SEBRING FL 33870+2201		
NAME	Kresge, Frederick B		3.2 NAME	0 m m m m m m m m m m m m m m m m m m m		
STREET ADDRESS	47 CENTURY BLVD.		3.3 STREET ADDRES	S JUNIOR WARDEN	(D)	
CITY-ST-ZIP	AVON PARK FL 33825		3.4. CITY - ST - ZIP	RONALD LOUIS NELS	ON	
TITLE	TD	DELETE	4.1 TITLE	1309 DAKWOOD DR		
NAME	WAGGAMAN, WILLIAM S		4. 2 NAME	SEBRING FL 33870		
STREET ADDRESS	P.O. BOX 610 N/A		4.3 STREET ADDRES	TOGACHOED	(0)	
CITY-ST-ZIP	LORIDA FL 33857-0610		44 CITY-ST-ZIP	TREASURER	(0)	
TITLE	SD	DELETE	5 1 TITLE	WILLIAM S WAGGAMA	N A	
NAME	CHAMBERS, DAVID ROSS		5.2 NAME	P. 0. BOX 610 N//	7	
STREET ADDRESS	2330 GARDEN VIEW ROAD		5.3 STREET ADDRES	S LORIDA FL 33857-0	010	
CITY-ST-ZIP	SEBRING FL 33870-1568	Photograph	5.4 CITY - ST - 7IP	SECRETARY	(D)	
TITLE		DELETE	6.1 TITLE	DAVID ROSS CHAMBER	S	
NAME CIDECT ADDRESS			6.2 NAME	2330 GARDEN VIEW R	DAD	
STREET ADDRESS			6.3 STREET ADDRES	SEBRING FL 33870-1	568	
CITY+ST-ZIP  14. Ldo bereb	y certify that the information supplied w	ith this filing is valuntarily from	64 CITY-ST-ZIP		~	
certify that	the information indicated on this annua	al report or supplemental anni	ual report is true and	accurate and that my signature shall have the sar	ne legal effect as if made under	
appears in	i am an officer or director of the corporal Block 12 or Block #3 if Linanged, or of	auon or the regeiver or truster a an altaohm int with an adal	empowered to execuses	accurate and that my signature shall have the sar tute this report as required by Chapter 617, Florid	a Statutes; and that my name 🏻 🕦.	

SIGNATURE: