

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # C10038 (3)**

1. Corporation Name

**SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS 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>05/01/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>ROY CONNOR SHEPPARD</b> Suite, Apt. #, etc.	26 <b>ROY CONNOR SHEPPARD</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

4. FEI Number <b>59-1651185</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>600001766416</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]*

DATE **2/16/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN, JOHN THERON</b>	
STREET ADDRESS	<b>4875 SPARTA ROAD</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872-5568</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>DISLER, MICHAEL M</b>	
STREET ADDRESS	<b>528 9TH AVE.</b>	
CITY-ST-ZIP	<b>SEBRING FL 33872</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>KRESGE, FREDERICK B</b>	
STREET ADDRESS	<b>47 CENTURY BLVD.</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WAGGAMAN, WILLIAM S</b>	
STREET ADDRESS	<b>P.O. BOX 610 N/A</b>	
CITY-ST-ZIP	<b>LORIDA FL 33857-0610</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAMBERS, DAVID ROSS</b>	
STREET ADDRESS	<b>2330 GARDEN VIEW ROAD</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870-1568</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
1.2 NAME	<b>JOHN THERON DEAN</b>
1.3 STREET ADDRESS	<b>4875 SPARTA ROAD</b>
1.4 CITY-ST-ZIP	<b>SEBRING FL 33872-5568</b>
2.1 TITLE	<b>SENIOR WARDEN (D)</b>
2.2 NAME	<b>WILLIAM JOHN VOGEL</b>
2.3 STREET ADDRESS	<b>1216 EDGEWATER POINT DR</b>
2.4 CITY-ST-ZIP	<b>SEBRING FL 33870-2201</b>
3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
3.2 NAME	<b>RONALD LOUIS NELSON</b>
3.3 STREET ADDRESS	<b>1309 OAKWOOD DR</b>
3.4 CITY-ST-ZIP	<b>SEBRING FL 33870</b>
4.1 TITLE	<b>TREASURER (D)</b>
4.2 NAME	<b>WILLIAM S WAGGAMAN</b>
4.3 STREET ADDRESS	<b>P. O. BOX 610 N/A</b>
4.4 CITY-ST-ZIP	<b>LORIDA FL 33857-0610</b>
5.1 TITLE	<b>SECRETARY (D)</b>
5.2 NAME	<b>DAVID ROSS CHAMBERS</b>
5.3 STREET ADDRESS	<b>2330 GARDEN VIEW ROAD</b>
5.4 CITY-ST-ZIP	<b>SEBRING FL 33870-1568</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 reduced filing fee. 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]* **DAVID R. CHAMBERS** 3/10/96 (941) 285-6041

LUTHEWY (12/95)

907  
4-2-1996