

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # C10038 (3)  
1. Corporation Name  
SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS O F FLORIDA



Principal Place of Business Mailing Address  
ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified 06/30/1992  
3a. Date of Last Report 04/02/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

4. FEI Number 59-1651185 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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)  
83  
84 City FL 85 Zip Code

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 2-3-97  
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | WMD                      | <input type="checkbox"/> DELETE |
| NAME           | DEAN, JOHN THERON        |                                 |
| STREET ADDRESS | 4878 SPARTA ROAD         |                                 |
| CITY-ST-ZIP    | SEBRING FL 33872-5568    |                                 |
| TITLE          | SWD                      | <input type="checkbox"/> DELETE |
| NAME           | VOGEL, WILLIAM J         |                                 |
| STREET ADDRESS | 1216 EDGEWATER POINT DR. |                                 |
| CITY-ST-ZIP    | SEBRING FL 33870-2201    |                                 |
| TITLE          | JWD                      | <input type="checkbox"/> DELETE |
| NAME           | NELSON, RONALD L         |                                 |
| STREET ADDRESS | 1300 OAKWOOD DR.         |                                 |
| CITY-ST-ZIP    | SEBRING FL 33870         |                                 |
| TITLE          | TD                       | <input type="checkbox"/> DELETE |
| NAME           | WAGGAMAN, WILLIAM S      |                                 |
| STREET ADDRESS | P.O. BOX 810 N/A         |                                 |
| CITY-ST-ZIP    | LORIDA FL 33857-0810     |                                 |
| TITLE          | SD                       | <input type="checkbox"/> DELETE |
| NAME           | CHAMBERS, DAVID R        |                                 |
| STREET ADDRESS | 2330 GARDEN VIEW ROAD    |                                 |
| CITY-ST-ZIP    | SEBRING FL 33870-1568    |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |
|--------------------|------------------------|
| 1.1 TITLE          | WORSHIPFUL MASTER D    |
| 1.2 NAME           | Claudis F Howerton     |
| 1.3 STREET ADDRESS | 3317 Lakeview Dr       |
| 1.4 CITY-ST-ZIP    | Sebring FL 33870-6413  |
| 2.1 TITLE          | SENIOR WARDEN D        |
| 2.2 NAME           | Jonas Randle Morgan Sr |
| 2.3 STREET ADDRESS | P O Box 3900 N/A       |
| 2.4 CITY-ST-ZIP    | Sebring FL 33871-3900  |
| 3.1 TITLE          | JUNIOR WARDEN D        |
| 3.2 NAME           | Walter Blythe Daniels  |
| 3.3 STREET ADDRESS | 624 Taxeschee Dr       |
| 3.4 CITY-ST-ZIP    | Sebring FL 33870       |
| 4.1 TITLE          | TREASURER D            |
| 4.2 NAME           | F. Eugene Waite        |
| 4.3 STREET ADDRESS | 4802 Orange Blvd       |
| 4.4 CITY-ST-ZIP    | Sebring FL 33870-5637  |
| 5.1 TITLE          | SECRETARY D            |
| 5.2 NAME           | Ronald Louis Nelson    |
| 5.3 STREET ADDRESS | 1309 Oakwood Dr        |
| 5.4 CITY-ST-ZIP    | Sebring FL 33870       |
| 6.1 TITLE          |                        |
| 6.2 NAME           |                        |
| 6.3 STREET ADDRESS |                        |
| 6.4 CITY-ST-ZIP    |                        |

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* Ronald L. Nelson

CP2E037 (9/96)