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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified 06/30/1992
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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) 200002486132
83 -04/13/98--01018--026
84 City ***5083,75 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 2/13/98

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	HOWERTON, CLAUDIS F	
STREET ADDRESS	3317 LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870-6413	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	MORGAN, JONAS R SR	
STREET ADDRESS	P O BOX 3900 N/A	
CITY-ST-ZIP	SEBRING FL 33871-3900	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	DANIELS, WALTER B	
STREET ADDRESS	624 TASESCHEE DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WAITE, F E	
STREET ADDRESS	4802 ORANGE BLVD	
CITY-ST-ZIP	SEBRING FL 33870-5637	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NELSON, RONALD L	
STREET ADDRESS	1309 OAKWOOD DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jonas Randle Morgan Sr	
1.3 STREET ADDRESS	1726 NW Lakeview Drive	
1.4 CITY-ST-ZIP	Sebring FL 33870	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ronald Louis Nelson	
2.3 STREET ADDRESS	1309 Oakwood Dr	
2.4 CITY-ST-ZIP	Sebring Fl 33870	
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Walter Blythe Daniels	
3.3 STREET ADDRESS	624 Taseschee Dr	
3.4 CITY-ST-ZIP	Sebring FL 33870	
4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barry Eugene Waite	
4.3 STREET ADDRESS	2137 Sullivan St.	
4.4 CITY-ST-ZIP	Sebring Fl 33872-6482	
5.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	F. Eugene Waite	
5.3 STREET ADDRESS	4802 Orange Blvd	
5.4 CITY-ST-ZIP	Sebring Fl 33870-5637	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *Ronald L Nelson* 3-6-98 941-385-3364

CR2E037 (10/97)