


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10048

1. Corporation Name:

TAVARES LODGE NO. 234 FREE AND ACCEPTED MASONS O F FLORIDA

Principal Place of Business

ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202
 US

Mailing Address

ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/30/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-6133689
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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

N/A

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	1.1 TITLE	WORSHIPFUL MASTER (D) X Change
NAME	SCHUELLER, GEORGE E JR	1.2 NAME	Earl Moyer Friedeborn
STREET ADDRESS	34204 HODGES RD	1.3 STREET ADDRESS	34151 Hodges Rd
CITY-ST-ZIP	LEESBURG FL 34788	1.4 CITY-ST-ZIP	Leesburg FL 34788
TITLE	SD	2.1 TITLE	SENIOR WARDEN (D) X Change
NAME	HEINEMEYER, LEVI T	2.2 NAME	Charles Asher Adams Jr
STREET ADDRESS	1938 MAPLES CIR	2.3 STREET ADDRESS	27814 Lisa Dr
CITY-ST-ZIP	TAVARES FL 32778	2.4 CITY-ST-ZIP	Tavarez FL 32778
TITLE	SWD	3.1 TITLE	JUNIOR WARDEN (D) X Change
NAME	FRIEDBORN, EARL M	3.2 NAME	Brian Perkins
STREET ADDRESS	34151 HODGES RD	3.3 STREET ADDRESS	40701 West 2nd Ave
CITY-ST-ZIP	LEESBURG FL 34788	3.4 CITY-ST-ZIP	Umatilla FL 32784
TITLE	JWD	4.1 TITLE	
NAME	ADAMS, CHARLES A JR	4.2 NAME	
STREET ADDRESS	27814 LISA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	BOLEVICH, VINCENT J	5.2 NAME	
STREET ADDRESS	31642 INDIANA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	AUSTIN, RALPH M	6.2 NAME	
STREET ADDRESS	3840 BRANCH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	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)(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, with all other like empowered.

SIGNATURE:

Signature Required

Date

3-3-99

Daytime Phone #

792-4665

CR2E037 (1/98)