# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # C10049 (0)

1. Corporation Name

**FELLSMERE LODGE NO. 232 FREE AND ACCEPTED MASONS OF FLORIDA**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ~~WILLIAM G WOLF~~<br>220 OCEAN ST.<br>JACKSONVILLE FL 32202 | C/O ~~WILLIAM G WOLF~~<br>220 OCEAN ST.<br>JACKSONVILLE FL 32202 |

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business
21 ROY CONNOR SHEPPARD
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 ROY CONNOR SHEPPARD
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-6182458 ☐ 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 Roy Connor Sheppard 2/16/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | WMD<br>AKERS, REVIS<br>11 OLEANDER ST.<br>FELLSMERE FL 32948 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SWD<br>GENERAZIO, JOSEPH C<br>1058 BARBER ST.<br>SEBASTIAN FL 32958-5575 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JWD<br>HARRIS, JIM J<br>P.O. BOX 780412 N/A<br>SEBASTAIN FL 32978-0412 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BRINKER, HARVEY W<br>931 EVERNIA ST.<br>SEBASTIAN FL 32958 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LEE, WILBUR D JR<br>1025 CARNATION DR.<br>SEBASTAIN FL 32958-4903 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP |

WORSHIPFUL MASTER (D)
JOSEPH CONRAD GENERAZIO
P O BOX 2227 N/A
SEBASTIAN FL 32958-2227

SENIOR WARDEN (D)
JIM J HARRIS
P. O. BOX 780412 N/A
SEBASTIAN FL 32978-0412

JUNIOR WARDEN (D)
RONNIE GILFORD BROCK
557 SAUNDERS ST S W
SEBASTIAN FL 32958

TREASURER (D)
HARVEY W BRINKER
931 EVERNIA ST
SEBASTIAN FL 32958

SECRETARY (D)
WILBUR DANIEL LEE JR
1025 CARNATION DR
SEBASTIAN FL 32958-4903

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** X Wilbur D. Lee Jr. Lee 3-6-96 407-584-1276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #