

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 # **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 **C/O WILLIAM G WOLF**
220 OCEAN ST. **220 OCEAN ST.**
JACKSONVILLE FL 32202 **JACKSONVILLE FL 32202**

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

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

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 617.0303, Florida Statutes.

SIGNATURE *[Signature]* **2/16/96**
Signature type: Limited name of registered agent and title of applicant Registered Agent signature required when installing DATE

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	AKERS, REVIS	
STREET ADDRESS	11 OLEANDER ST.	
CITY-ST-ZIP	FELLSMERE FL 32948	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	GENERAZIO, JOSEPH C	
STREET ADDRESS	1058 BARBER ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958-5575	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	HARRIS, JIM J	
STREET ADDRESS	P.O. BOX 780412 N/A	
CITY-ST-ZIP	SEBASTIAN FL 32978-0412	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRINKER, HARVEY W	
STREET ADDRESS	931 EVERNIA ST.	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEE, WILBUR D JR	
STREET ADDRESS	1025 CARNATION DR.	
CITY-ST-ZIP	SEBASTIAN FL 32958-4903	
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	JOSEPH CONRAD GENERAZIO
1.3 STREET ADDRESS	P O BOX 2227 N/A
1.4 CITY-ST-ZIP	SEBASTIAN FL 32958-2227
2.1 TITLE	SENIOR WARDEN (D)
2.2 NAME	JIM J HARRIS
2.3 STREET ADDRESS	P. O. BOX 780412 N/A
2.4 CITY-ST-ZIP	SEBASTIAN FL 32978-0412
3.1 TITLE	JUNIOR WARDEN (D)
3.2 NAME	RONNIE GILFORD BROCK
3.3 STREET ADDRESS	557 SAUNDERS ST S W
3.4 CITY-ST-ZIP	SEBASTIAN FL 32958
4.1 TITLE	TREASURER (D)
4.2 NAME	HARVEY W BRINKER
4.3 STREET ADDRESS	931 EVERNIA ST
4.4 CITY-ST-ZIP	SEBASTIAN FL 32958
5.1 TITLE	SECRETARY (D)
5.2 NAME	WILBUR DANIEL LEE JR
5.3 STREET ADDRESS	1025 CARNATION DR
5.4 CITY-ST-ZIP	SEBASTIAN FL 32958-4903
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 exemption stated in Section 119.07(3)(k), 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: *[Signature]* **William M. Lee P.M. - Sec 3-6-96** **407-584-1276**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)