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Mar 11 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 # C10049 (0)

1. Corporation Name

FELLSMERE LODGE NO. 232 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
US

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202-3218  
US

3. Date Incorporated or Qualified  
06/30/1992

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-6182458

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

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

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

(NOTE: Registered Agent signature required when reinstating)

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD  
NAME AKERS, REVIS  
STREET ADDRESS 11 OLEANDER ST.  
CITY-ST-ZIP FELLSMERE FL 32948

1.1 TITLE WORSHIPFUL MASTER D  
1.2 NAME Jim J Harris  
1.3 STREET ADDRESS P. O. Box 780412 N/A  
1.4 CITY-ST-ZIP Sebastian FL 32978-0412

TITLE SWD  
NAME GENERAZIO, JOSEPH C  
STREET ADDRESS 1058 BARBER ST.  
CITY-ST-ZIP SEBASTIAN FL 32958-5575

2.1 TITLE SENIOR WARDEN D  
2.2 NAME Ronnie Gilford Brock  
2.3 STREET ADDRESS 557 Saunders St S W  
2.4 CITY-ST-ZIP Sebastian FL 32958

TITLE JWD  
NAME HARRIS, JIM J  
STREET ADDRESS P.O. BOX 780412 N/A  
CITY-ST-ZIP SEBASTIAN FL 32978-0412

3.1 TITLE JUNIOR WARDEN D  
3.2 NAME John Clifford Reinbird  
3.3 STREET ADDRESS 1453 Whitmore St  
3.4 CITY-ST-ZIP Sebastian FL 32958

TITLE TD  
NAME BRINKER, HARVEY W  
STREET ADDRESS 831 EVERNIA ST.  
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

TITLE SD  
NAME LEE, WILBUR D JR  
STREET ADDRESS 1025 CARNATION DR.  
CITY-ST-ZIP SEBASTIAN FL 32958-4903

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

TITLE SD  
NAME LEE, JR. WILBUR DAN  
STREET ADDRESS 1025 CARNATION DRIVE  
CITY-ST-ZIP SEBASTIAN FL

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 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:

WILBUR D LEE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilbur D. Lee

Feb. 11-97 561-589-1276

Date

Daytime Phone 0004247

CR2E037 (9/96)