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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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

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)

DATE

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 931 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

Feb. 11-97 561-589-1276
Date Daytime Phone 0004247

CR2E037 (9/96)