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98 JUN -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10049 (0) Filed under name of record. 681613

Fellsmere LODGE NO. 232 FREE AND ACCEPTED MASONS OF 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
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 59-6182458	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29

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	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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/13/98**

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	WILBUR DANIEL LEE JR	
STREET ADDRESS	1025 CARNATION DR.	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEE, JR. WILBUR DAN	
STREET ADDRESS	1025 CARNATION DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	

13. DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronnie Gilford Brock	
1.3 STREET ADDRESS	557 Saunders St S W	
1.4 CITY-ST-ZIP	Sebastian FL 32958	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Paul Alton Croy	
2.3 STREET ADDRESS	749 S Fischer Cir	
2.4 CITY-ST-ZIP	Sebastian FL 32958	
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George Barger	
3.3 STREET ADDRESS	242 Mensh Ave	
3.4 CITY-ST-ZIP	Sebastian FL 32958	
4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Timothy Clyde Adams	
4.3 STREET ADDRESS	426 Maple St	
4.4 CITY-ST-ZIP	Sebastian FL 32958	
5.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Paul David Owens	
5.3 STREET ADDRESS	123 Keytone Dr	
5.4 CITY-ST-ZIP	Sebastian FL 32958-6935	
6.1 TITLE	SECRETARY	
6.2 NAME	Paul A. Croy	
6.3 STREET ADDRESS	1025 CARNATION DRIVE	
6.4 CITY-ST-ZIP	SEBASTIAN FL 32958-01018-026	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]* DATE: **3/10/98** 561-589-7505

CR2E037 (10/97)