FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:1?

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001476357
-05/04/95--01122--001
***3641.25 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # C10053 (2)

1. Corporation Name

SOUTHLAND LODGE NO. 256 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O/ WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O/ WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7010681 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

(81) SHEPPARD, ROY CONNOR
(82) 220 OCEAN STREET
(83) JACKSONVILLE FL 32202
(84)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] (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	WM	11 TITLE	WORSHIPFUL MASTER/D
NAME	MOONEY, WILLIAM W	12 NAME	CARL ALLEN PECK
STREET ADDRESS	1510 WEST ARIANA ST	13 STREET ADDRESS	PO BOX 666 N/A
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	KATHLEEN FL 33849-0666
TITLE	S	21 TITLE	SENIOR WARDEN/D
NAME	PARKER, THARAN R	22 NAME	PAUL R MILLER
STREET ADDRESS	1002 N.E. 1ST ST	23 STREET ADDRESS	P. O. BOX 94 N/A
CITY-ST-ZIP	MULBERRY FL	24 CITY-ST-ZIP	LAKELAND FL 33802
TITLE	SW	31 TITLE	JUNIOR WARDEN/D
NAME	PECK, CARL A	32 NAME	JOE GREEN
STREET ADDRESS	PO BOX 666 N/A	33 STREET ADDRESS	P. O. BOX 1947 N/A
CITY-ST-ZIP	KATHLEEN FL	34 CITY-ST-ZIP	LAKELAND FL 33802
TITLE	JW	41 TITLE	TREASURER/D
NAME	MILLER, PAUL R	42 NAME	JACK RICHARDSON NEWSOME
STREET ADDRESS	PO BOX 94 N/A	43 STREET ADDRESS	1554 E FERN RD
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	LAKELAND FL 33801-2340
TITLE	T	51 TITLE	SECRETARY/D
NAME	NEWSOME, JACK R	52 NAME	THARAN RAY PARKER
STREET ADDRESS	1554 E FERN RD	53 STREET ADDRESS	1002 N.E. 1ST ST.
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	MULBERRY FL 33860-2603
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/11/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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: Carl Peck 3-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000970