

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 ROY CONNOR SHEPPARD

26 ROY CONNOR SHEPPARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. F&I 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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0803, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when resigning)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

TITLE WMD ☐ DELETE
NAME PECK, CARL ALLEN
STREET ADDRESS P.O. BOX 666 N/A
CITY-ST-ZIP KATHLEEN FL 33849-0666

TITLE SWD ☐ DELETE
NAME MILLER, PAUL R.
STREET ADDRESS P.O. BOX 94 N/A
CITY-ST-ZIP LAKELAND FL 33802

TITLE JWD ☐ DELETE
NAME GREEN, JOE
STREET ADDRESS P.O. BOX 1947 N/A
CITY-ST-ZIP LAKELAND FL 33802

TITLE TD ☐ DELETE
NAME NEWSOME, JACK R
STREET ADDRESS 1554 E. FERN RD.
CITY-ST-ZIP LAKELAND FL 33801-2340

TITLE SD ☐ DELETE
NAME PARKER, THARAN RAY
STREET ADDRESS 1002 N.E. 1ST ST.
CITY-ST-ZIP MULBERRY FL 33860-2603

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

WORSHIPFUL MASTER (D)
PAUL R MILLER
P. O. BOX 94 N/A
LAKELAND FL 33802

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

SENIOR WARDEN (D)
JOE GREEN
P. O. BOX 1947 N/A
LAKELAND FL 33802

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

JUNIOR WARDEN (D)
DUANE BLONDELL YOUNG
141 SHADOW LN
LAKELAND FL 33813-3594

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TREASURER (D)
JACK RICHARDSON NEWSOME
1554 E FERN RD
LAKELAND FL 33801-2340

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

SECRETARY (D)
THARAN RAY PARKER
1002 N.E. 1ST ST.
MULBERRY FL 33860-2603

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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] PAUL R. MILLER

2-29-96

Day

941-857-6903

Daytime Phone #

CR2E037 (12/95)