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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
USROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218
US3. Date Incorporated or Qualified
06/30/19923a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

Signature typed or printed name of registered agent and applicable

(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	<input type="checkbox"/> DELETE
NAME	PECK, CARL ALLEN	
STREET ADDRESS	P.O. BOX 666 N/A	
CITY-ST-ZIP	KATHLEEN FL 33849-0666	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	MILLER, PAUL R.	
STREET ADDRESS	P.O. BOX 94 N/A	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	GREEN, JOE	
STREET ADDRESS	P.O. BOX 1947 N/A	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEWSOME, JACK R	
STREET ADDRESS	1554 E. FERN RD.	
CITY-ST-ZIP	LAKELAND FL 33801-2340	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARKER, THARAN RAY	
STREET ADDRESS	1002 N.E. 1ST ST.	
CITY-ST-ZIP	MULBERRY FL 33860-2603	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PARKER, THARAN RAY	
STREET ADDRESS	1002 NW 1ST STREET	
CITY-ST-ZIP	MULBERRY FL	

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Joe Green
1.3 STREET ADDRESS	P O Box 1947 N/A
1.4 CITY-ST-ZIP	Lakeland Fl 33802
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Duane Blondell Young
2.3 STREET ADDRESS	141 Shadow Ln
2.4 CITY-ST-ZIP	Lakeland Fl 33813-3594
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Tracy Larry Lane
3.3 STREET ADDRESS	113 Bluefield Ave
3.4 CITY-ST-ZIP	Lakeland FL 33801
4.1 TITLE	TREASURER D
4.2 NAME	Jack Richardson Newsome
4.3 STREET ADDRESS	1554 E Fern Rd
4.4 CITY-ST-ZIP	Lakeland Fl 33801-2340
5.1 TITLE	SECRETARY D
5.2 NAME	Tharan Ray Parker
5.3 STREET ADDRESS	1002 N.E. 1st St.
5.4 CITY-ST-ZIP	Mulberry FL 33860-2603
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004188

Tharan R. Parker

13 FEB 1997

904-354-2339

CR2E037 (9/96)