

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10053 (2)**  
1. Corporation Name  
**SOUTHLAND LODGE NO. 256 FREE AND ACCEPTED MASONS OF FLORIDA**

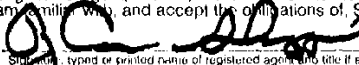
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US</b>	Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified <b>06/30/1992</b>	
4. FEI Number <b>23-7010681</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	

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 a resident of the State of Florida, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE  DATE **2/13/98**

12. OFFICERS AND DIRECTORS		13. DIRECTORS IN 12	
TITLE	WMD	1.1 TITLE	WORSHIPFUL MASTER (D)
NAME	PECK, CARL ALLEN	1.2 NAME	Duane Blondell Young
STREET ADDRESS	P.O. BOX 666 N/A	1.3 STREET ADDRESS	141 Shadow Ln
CITY-ST-ZIP	KATHLEEN FL 33849-0866	1.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	SWD	2.1 TITLE	SECRETARY (D)
NAME	MILLER, PAUL R.	2.2 NAME	Tharan Ray Parker
STREET ADDRESS	P.O. BOX 94 N/A	2.3 STREET ADDRESS	PO Box 1266 N/A
CITY-ST-ZIP	LAKELAND FL 33802	2.4 CITY-ST-ZIP	Lakeland FL 33802
TITLE	JWD	3.1 TITLE	SENIOR WARDEN (D)
NAME	GREEN, JOE	3.2 NAME	Tracy Larry Lane
STREET ADDRESS	P.O. BOX 1947 N/A	3.3 STREET ADDRESS	113 Bluefield Ave
CITY-ST-ZIP	LAKELAND FL 33802	3.4 CITY-ST-ZIP	Lakeland FL 33801
TITLE	TD	4.1 TITLE	JUNIOR WARDEN (D)
NAME	NEWSOME, JACK R	4.2 NAME	Gregory Alan Miller
STREET ADDRESS	1554 E. FERN RD.	4.3 STREET ADDRESS	321 Faye Circle S
CITY-ST-ZIP	LAKELAND FL 33801-2340	4.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	SD	5.1 TITLE	TREASURER (D)
NAME	PARKER, THARAN RAY	5.2 NAME	Jack Richardson Newsome
STREET ADDRESS	1002 N.E. 1ST ST.	5.3 STREET ADDRESS	1554 E Fern Rd
CITY-ST-ZIP	MULBERRY FL 33860-2603	5.4 CITY-ST-ZIP	Lakeland FL 33801
TITLE	SD	6.1 TITLE	
NAME	PARKER, THARAN RAY	6.2 NAME	
STREET ADDRESS	1002 NW 1ST STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	6.4 CITY-ST-ZIP	

14. I 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:  DATE **3/5/98** 941-646-6695

CR2E037 (10/97)