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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10053

1. Corporation Name
SOUTHLAND LODGE NO. 256 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7010681
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL
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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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DUANE BLONDELL	1.2 NAME	Tracy Larry Lane
STREET ADDRESS	141 SHADOW LN	1.3 STREET ADDRESS	113 Bluefield Ave
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	Lakeland FL 33801
TITLE	SWD	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, TRACY LARRY	2.2 NAME	Gregory Alan Miller
STREET ADDRESS	113 BLUEFIELD AVE	2.3 STREET ADDRESS	321 Faye Circle S
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	JWD	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GREGORY ALAN	3.2 NAME	William Elbert Rogers
STREET ADDRESS	321 FAYE CIRCLE S	3.3 STREET ADDRESS	2424 Cleveland Hts Blvd
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	Lakeland FL 33803-3115
TITLE	TD	4.1 TITLE	
NAME	RICHARDSON NEWSOME, JACK	4.2 NAME	
STREET ADDRESS	1554 E. FERN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	PARKER, THARAN RAY	5.2 NAME	
STREET ADDRESS	P.O. BOX 1266 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33802	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Tharan R. Parker 3-18-99 904-354-2339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Tharan R. Parker, Secretary

CR2E037 (1/1/98)