

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # C10064 (9)

1. Corporation Name

MORRISTON LODGE NO. 235 FREE AND ACCEPTED MASONS  
OF FLORIDA

Principal Place of Business

C/O WILLIAM G. WOLF  
220 OCEAN ST.  
JACKSONVILLE FL 32202

Mailing Address

C/O WILLIAM G. WOLF  
220 OCEAN ST.  
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified  
06/30/1992

3a. Date of Last Report  
03/24/1995

2. Principal Place of Business

21 ROY CONNOR SHEPPARD

Suite, Apt. #, etc.

2a. Mailing Address

26 ROY CONNOR SHEPPARD

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number  
23-7526477

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

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)

900001706339

-04/02/96--01061--001

84 City

\*\*\*5083.75

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 title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE  
NAME SPENCER, KENNETH R  
STREET ADDRESS 314 NE 3RD AVE.  
CITY-ST-ZIP WILLISTON FL 32696-2226

TITLE NAME ☐ DELETE  
NAME DEOLIVEIRA, ANTONIO  
STREET ADDRESS 13301 S.W. 110TH PLACE  
CITY-ST-ZIP DUNNELLON FL 34432-5167

TITLE NAME ☐ DELETE  
NAME DANIELS, LEONARD A  
STREET ADDRESS P.O. BOX 88 N/A  
CITY-ST-ZIP MORRISTON FL 32668-0088

TITLE NAME ☐ DELETE  
NAME REDDISH, JESSE C  
STREET ADDRESS 124 S.E. 1ST ST.  
CITY-ST-ZIP WILLISTON FL 32696-2602

TITLE NAME ☐ DELETE  
NAME CAMERON, CHARLES F  
STREET ADDRESS RT. 2 BOX 103  
CITY-ST-ZIP MORRISTON FL 32668

TITLE NAME ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D)  
ALEXANDER FRANK TECCHIO  
9110 N. DICKENS DR.  
DUNNELLON FL 34434

SENIOR WARDEN (D)  
ANTONIO DEOLIVEIRA  
13301 S.W. 110TH PLACE  
DUNNELLON FL 34432-5167

JUNIOR WARDEN (D)  
LEONARD A DANIELS  
P. O. BOX 88 N/A  
MORRISTON FL 32668-0088

TREASURER (D)  
JESSE CARL REDDISH  
124 S.E. 1ST ST.  
WILLISTON FL 32696-2602

SECRETARY (D)  
CHARLES FRANKLIN CAMERON  
RT 2, BOX 103  
MORRISTON FL 32668

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify as a statement of fact. I 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/7/94

904-489

0659

CR2E037 (12/95)