

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10064** (9)

1. Corporation Name

**MORRISTON LODGE NO. 235 FREE AND ACCEPTED MASONS  
OF FLORIDA**

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202****ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202-3218**3. Date Incorporated or Qualified  
**06/30/1992**3a. Date of Last Report  
**04/02/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

**23-7526477**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐**\$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 an individual who, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

**2-3-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

WMD  
TECCHIO, ALEXANDER F  
9110 N. DICKENS DR.  
DUNNELLON FL 34434☐ DELETESWD  
DEOLIVEIRA, ANTONIO  
13301 S.W. 110TH PLACE  
DUNNELLON FL 34432-5167☐ DELETEJWD  
DANIELS, LEONARD A  
P.O. BOX 88 N/A  
MORRISTON FL 32668-0088☐ DELETETD  
REDDISH, JESSE C  
124 S.E. 1ST ST.  
WILLISTON FL 32696-2602☐ DELETESD  
CAMERON, CHARLES F  
RT. 2 BOX 103  
MORRISTON FL 32668☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER	D
1.2 NAME	Antonio DeOliveira	
1.3 STREET ADDRESS	13301 S.W. 110th Place	
1.4 CITY-STATE-ZIP	Dunnellon FL 34432-5167	
2.1 TITLE	SENIOR WARDEN	D
2.2 NAME	Freddie Noble	
2.3 STREET ADDRESS	Rt 5 Box 327A	
2.4 CITY-STATE-ZIP	Dunnellon FL 32630	
3.1 TITLE	JUNIOR WARDEN	D
3.2 NAME	Leonard A Daniels	
3.3 STREET ADDRESS	P O Box 88 N/A	
3.4 CITY-STATE-ZIP	Morrison FL 32668-0088	
4.1 TITLE	TREASURER	D
4.2 NAME	Jessie Carl Reddish	
4.3 STREET ADDRESS	124 SE 1st St	
4.4 CITY-STATE-ZIP	Williston FL 32696-2602	
5.1 TITLE	SECRETARY	D
5.2 NAME	Kenneth Roger Spencer	
5.3 STREET ADDRESS	314 NE 3rd Ave	
5.4 CITY-STATE-ZIP	Williston FL 32696-2226	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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

**Kenneth R. Spencer****2-17-97****904-****354-2339**

Date

Daytime Phone 0004022

CR2E037 (9/96)