

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **C10068** (0)

1. Corporation Name

**AUBURNDAL LODGE NO. 135 FREE AND ACCEPTED MASON  
S OF FLORIDA**

Principal Place of Business

Mailing Address

~~C/O WILLIAM B WOLF~~  
220 OCEAN ST  
JACKSONVILLE FL 32202

~~C/O WILLIAM B WOLF~~  
220 OCEAN ST  
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified  
**06/30/1992**

3a. Date of Last Report  
**03/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Roy Connor Sheppard**

26 **Roy Connor Sheppard**

4. FEI Number  
**23-7526423**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
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]*

(NOTE: Registered Agent signature required when reinstating)

**2/16/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **WMD**  
STREET ADDRESS **THRUN, MAX W**  
CITY - ST - ZIP **108 MARJORIE AVE.  
AUBURNDAL FL 33823-3821**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

**WORSHIPFUL MASTER (D)  
HERMAN EUGENE MATHEWS  
P. O. BOX 214 N/A  
AUBURNDAL FL 33823**

TITLE ☐ DELETE  
NAME **SWD**  
STREET ADDRESS **RICHARDSON, JEFFERSON S**  
CITY - ST - ZIP **114 FREDRICK AVE.  
DUNDEE FL 33838**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

**SENIOR WARDEN (D)  
ROY LAMAR HARRISON  
107 SOUTH OWEN CIRCLE  
AUBURNDAL FL 33823**

TITLE ☐ DELETE  
NAME **JWD**  
STREET ADDRESS **MATHEWS, HERMAN E**  
CITY - ST - ZIP **P.O. BOX 214 N/A  
AUBURNDAL FL 33823**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

**JUNIOR WARDEN (D)  
JEFFERSON STEVEN RICHARDSON  
114 FREDRICK AVE.  
DUNDEE FL 33838**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **SMITH, OLIVER M**  
CITY - ST - ZIP **3126 STRAWBERRY LN  
LAKELAND FL 33801-9232**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

**TREASURER (D)  
OLIVER MORRIS SMITH  
3126 STRAWBERRY LN  
LAKELAND FL 33801-9232**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **DOUGLAS, GORDON G**  
CITY - ST - ZIP **1004 LAKE SHORE DR.  
AUBURNDAL FL 33823**

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

**SECRETARY (D)  
ALESTIUS THEODORE MILLER  
209 ELMER ST  
AUBURNDAL FL 33823-2508**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(K), Florida Statutes. I also 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-96**

Date

**941-967-9361**

Daytime Phone #

CH2E037 (12/95)