

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US

C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202-3218  
US

3. Date Incorporated or Qualified  
06/30/1992

3a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
23-7526423

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 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

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	THRUN, MAX W	
STREET ADDRESS	108 MARJORIE AVE.	
CITY - ST - ZIP	AUBURNDAL FL 33823-3821	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JEFFERSON S	
STREET ADDRESS	114 FREDRICK AVE.	
CITY - ST - ZIP	DUNDEE FL 33838	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	MATHEWS, HERMAN E	
STREET ADDRESS	P.O. BOX 214 N/A	
CITY - ST - ZIP	AUBURNDAL FL 33823	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, OLIVER M	
STREET ADDRESS	3126 STRAWBERRY LN	
CITY - ST - ZIP	LAKELAND FL 33801-9232	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOUGLAS, GORDON G	
STREET ADDRESS	1004 LAKE SHORE DR.	
CITY - ST - ZIP	AUBURNDAL FL 33823	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, ALESTIUS	
STREET ADDRESS	209 ELMER STREET	
CITY - ST - ZIP	AUBURNDAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Roy Lamar Harrison
1.3 STREET ADDRESS	107 South Owen Circle
1.4 CITY - ST - ZIP	Auburndale FL 33823
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Herman Eugene Mathews
2.3 STREET ADDRESS	P. O. Box 214 N/A
2.4 CITY - ST - ZIP	Auburndale FL 33823
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Harry Ray Smith
3.3 STREET ADDRESS	315 S Berkley Rd
3.4 CITY - ST - ZIP	Auburndale FL 33823-2805
4.1 TITLE	TREASURER D
4.2 NAME	Wyatt Raymond Parker
4.3 STREET ADDRESS	1833 W Chase St
4.4 CITY - ST - ZIP	Lakeland FL 33801
5.1 TITLE	SECRETARY D
5.2 NAME	William Frances Stodder
5.3 STREET ADDRESS	2240 Crystal Grove Ln
5.4 CITY - ST - ZIP	Lakeland FL 33801
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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

Roy Harrison

2/13/97 9674390

CR2E037 (9/96)