

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90303 001 *1,225.00

DOCUMENT # C10068

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/30/1992

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

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
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

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

N/A

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, HERMAN EUGENE	
STREET ADDRESS	3015 REITER DRIVE	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEWCOMB, ALLEN PAINE	
STREET ADDRESS	433 SEAWANE CIR	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	ZECHMAN, AUSTIN JOHN	
STREET ADDRESS	529 LAZY LAKE DR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	DEEN, HENRY KHAR	
STREET ADDRESS	P.O. BOX 2182 N/A	
CITY-ST-ZIP	AUBURNDAL FL 33823-6182	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THEODORE MILLER, ALESTIUS	
STREET ADDRESS	209 ELMER STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823-2508	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Addition
1.2 NAME	Max Wilmer Thrun
1.3 STREET ADDRESS	108 Marjorie Ave.
1.4 CITY-ST-ZIP	Auburndale FL 33823-3821 <input type="checkbox"/> Addition
2.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition
2.2 NAME	John Wesley Thomason Jr
2.3 STREET ADDRESS	30 OAKWOOD RD
2.4 CITY-ST-ZIP	Winter Haven FL 33880 <input type="checkbox"/> Addition
3.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Herman Eugene Mathews
3.3 STREET ADDRESS	3015 Reiter Drive
3.4 CITY-ST-ZIP	Auburndale FL 33823
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	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 904-354-2339

CR2E037 (11/98)