NONPROFIT CORPORATION ANNUAL REPORT



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

1996

C10071 **DOCUMENT #**

ANCHOR LODGE NO. 182 FREE AND ACCEPTED MASONS OF **FLORIDA**

Principal Place of Business Mailing Address C/O WILLIAM & WOLF -C/O-WILLIAM & WOLF 220 OCEAN ST 220 OCEAN ST JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1992 03/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For Roy Connor Sheppard 23-7193179 Not Applicable Suite Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHEPPARD, ROY CONNOR 82 Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN ST 83 JACKSONVILLE FL 32202 **B4** City Zip Code 85 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 objections of, Section 617.0503, Florida Statutes. SIGNATURE Signature, type printed name of registered agent and little happ (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE WMD 11 TITLE WORSHIPFUL MASTER (D) FORTUNE, THOMAS W NAME 1.2 NAME JAMIE DEREK BOAN 3323 RIVERIA DR. STREET ADDRESS 1.3 STREET ADDRESS P 0 BOX 155 KEY WEST FL 33040 CITY-ST-ZIP 14 CITY-ST-ZIP SUGARLOAF SHORES FL 33044 DELETE SWD TITLE 21 TITLE BOAN, JAMIE D SENIOR WARDEN NAME 22 NAME 101 P.O. BOX 155 N/A STREET ADDRESS TERRY AMON HAM 2.3 STREET ADDRESS SUGARLOAF SHORES FL 33044 CITY-ST-ZIP 2.4 CITY-ST-ZIP 1804 FLAGLER AVE DELETE TITLE JWD KEY WEST FL 33040 31 TITLE NAME HAM, TERRY A 3.2 NAME 1804 FLAGLER AVE. JUNIOR WARDEN STREET ADDRESS 3.3 STREET ADDRESS 101 KEY WEST FL 33040 STANLEY T RZAD III CHTY-ST-7IP 3.4. CITY-ST-ZIP DELETE TITLE TD 41 TITLE P 0 BOX 776 KNOWLES, LEONARD H NAME 4.2 NAME KEY WEST FL 33041-0776 1720 DUCAN ST. STREET ADDRESS 4.3 STREET ADDRESS TREASURER KEY WEST FL 33040-3540 (0) CITY-ST-ZIP 4.4 CITY-ST-ZIP LEDNARD HAROLD KNOWLES DELETE TITLE SD 5.1 TITLE 1720 DUNCAN ST CATHEY, BROOKS H NAME 5.2 NAME KEY WEST FL 33040-3540 908 WASHINGTON ST. STREET ADDRESS 5.3 STREET ADDRESS KEY WEST FL 33040-4753 CITY - ST - ZIP 5.4 CITY-ST-ZIP SECRE TARY (0) THE DELETE 6.1 TITLE JIMMIE GLYN BOONE SR NAME 6.2 NAME 740 AVE. F STREET ADDRESS **6.3 STREET ADDRESS** KEY WEST FL 33040-5408 CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quescertify that the information indicated by this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal energy as in made annual report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in angel, or or an attractment with an address.

SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR

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