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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10071** (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US****ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US**3. Date Incorporated or Qualified
06/30/19923a. Date of Last Report
03/08/1996

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

4. FEI Number

23-7193179

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	FORTUNE, THOMAS W	
STREET ADDRESS	3323 RIVERIA DR.	
CITY-ST-ZIP	KEY WEST FL 33040	

TITLE	MD	<input type="checkbox"/> DELETE
NAME	BOAN, JAMIE D	
STREET ADDRESS	P.O. BOX 155 N/A	
CITY-ST-ZIP	SUGARLOAF SHORES FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAM, TERRY A	
STREET ADDRESS	1804 FLAGLER AVE.	
CITY-ST-ZIP	KEY WEST FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KNOWLES, LEONARD H	
STREET ADDRESS	1720 DUCAN ST.	
CITY-ST-ZIP	KEY WEST FL 33040-3540	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CATHEY, BROOKS H	
STREET ADDRESS	908 WASHINGTON ST.	
CITY-ST-ZIP	KEY WEST FL 33040-4753	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RZAD, STANLEY T. III	
STREET ADDRESS	PO BOX 776	
CITY-ST-ZIP	KEY WEST FL	

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Terry Amon Ham
1.3 STREET ADDRESS	1804 Flagler Ave
1.4 CITY-ST-ZIP	Key West FL 33040
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Stanley T RZad III
2.3 STREET ADDRESS	P O Box 776 N/A
2.4 CITY-ST-ZIP	Key West FL 33041-0776
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Carl R Janzen Jr
3.3 STREET ADDRESS	3704 Northside Dr
3.4 CITY-ST-ZIP	Key West FL 33040
4.1 TITLE	TREASURER D
4.2 NAME	Leonard Harold Knowles
4.3 STREET ADDRESS	1720 Duncan St
4.4 CITY-ST-ZIP	Key West FL 33040-3540
5.1 TITLE	SECRETARY D
5.2 NAME	Jimmie Glyn Boone Sr
5.3 STREET ADDRESS	740 Ave F
5.4 CITY-ST-ZIP	Key West FL 33040-5408
6.1 TITLE	200002142552
6.2 NAME	-04/14/97--01040--029
6.3 STREET ADDRESS	***2633.75
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

Date

Daytime Phone

2/24/97 305-293-2728

(96) 1/10/97