

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # C10071 (4)

1. Corporation Name
ANCHOR LODGE NO. 182 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent
**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified 06/30/1992	4. FEI Number 23-7193179	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 900002436149
83 City	04/13/98-01018-026
84 City	***5083.75
85 Zip Code	FL

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]* DATE **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	WMD	HAM, TERRY AMON	1804 FLAGLER AVE KEY WEST FL 33040	
	SWD	RAZAD, III, STANLEY T	P.O. BOX 776 N/A KEY WEST FL 33041-0776	
	JWD	JANSEN, JR, CARL R	3704 NORTHSIDE DR KEY WEST FL 33040	
	TD	KNOWLES, LEONARD HAROLD	1720 DUNCAN ST KEY WEST FL 33040-3540	
	SD	BOONE, SR., JIMMIE GLYN	740 AVE F KEY WEST FL 33040-5408	
				<input type="checkbox"/> DELETE

13. WORSHIPFUL MASTER (D)	1.1 Stanley T RZAD III	1.2 P O Box 776 N/A	1.3 Key West FL 33041-0776
14. SECRETARY (D)	2.1 Michael Raza Maribona	2.2 3358 Flagler Ave	2.3 Key West FL 33040
3. SENIOR WARDEN (D)	3.1 Carl R Jansen Jr	3.2 3704 Northside Dr	3.3 Key West FL 33040
4. JUNIOR WARDEN (D)	4.1 David Wayne Roney	4.2 19609 Caloora St	4.3 Sugar Loaf Key FL 33042
5. TREASURER (D)	5.1 Charles Leonard Weitzel	5.2 150 Sealane Tamarac Pk	5.3 Key West FL 33040
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.

SIGNATURE *[Signature]* DATE **2/25/98** **904-2229**

CR2E037 (10/97)