


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90013 001 ***857.50

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # C10071					
1. Corporation Name ANCHOR LODGE NO. 182 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business			Mailing Address		
C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202			ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7193179	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ROY CONNOR SHEPPARD 220 OCEAN STREET 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 <i>N/A</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE			1.1 TITLE		
NAME			WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			1.2 NAME		
CITY-ST-ZIP			CARL R. JANSEN JR		
			1.3 STREET ADDRESS		
			3704 NORTHSIDE DRIVE		
			1.4 CITY-ST-ZIP		
			KEY WEST, FL 33040		
TITLE			2.1 TITLE		
NAME			SENIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			DAVID W. RONEY		
			2.3 STREET ADDRESS		
			19609 CALOOSA STREET		
			2.4 CITY-ST-ZIP		
			SUGAR LOAF KEY, FL 33042		
TITLE			3.1 TITLE		
NAME			JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			CHARLES WAITE		
			3.3 STREET ADDRESS		
			1519 4TH STREET		
			3.4 CITY-ST-ZIP		
			KEY WEST, FL 33040		
TITLE			4.1 TITLE		
NAME			TREASURER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			CHARLES WEITZEL		
			4.3 STREET ADDRESS		
			150 SEALANE TAMARAC PK		
			4.4 CITY-ST-ZIP		
			KEY WEST FL 33040		
TITLE			5.1 TITLE		
NAME			SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			MICHAEL MARIBONA		
			5.3 STREET ADDRESS		
			P. O. BOX 2370 N/A		
			5.4 CITY-ST-ZIP		
			KEY WEST, FL 33040		
TITLE			6.1 TITLE		
NAME					
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			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: *Carl R. Jansen, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl R. Jansen, Jr., Worshipful Master.

5/28/99

Date

305 295 1141

Daytime Phone #