FILE	NOW:	FILING	FEE IS	\$61.25
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name C10075

(5)

FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEP TED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

C/O WILLIAM & WOLF

C/G-WILLIAM G-WOLF



JACKSONVILLE FL 32202		220 OCEAN ST JACKSONVILLE FL 32202				
2 Principal F	Disco of Dunings			3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business 21 Roy CONNAR SHEPPARD		2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	# etc		R SHEF	PARD	59-1688795	Not Applicable
22 City & Stal		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zιρ	Country	/	8. This corporation has liability for int	
24	25	29	30		Florida Statutes	Yes 🔲 No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	lstered Agent
OUEDD	ADD DOV COLUMN		81	Name		
	ARD, ROY CONNOR		82	Street Add	et Address (P.O. Box Number is Not Acceptable)	
	CEAN ST		<u></u>			
JACKS	ONVILLE FL 32202		83		-	
			84	City		
				1 1		FL 85 Zip Code
or register familiar wi SIGNATURE	red agent, or both, in the State of Florida it, and accept the obligations of, Section Signature the dorprinted name of registered agent a				ration submits this statement for the purpord of directors. I hereby accept the appoin	ise of changing its registered office thent as registered agent. I am
12.	OFFICERS AND		DTE: Registered Agen	it signature required		DATE
TITLE	WMD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
NAME	WILSON, RONALD W		1.2 NAME	l	WORSHIPFUL MASTER	(0)
STREET ADDRESS	12081 SIMMONS RD.				MORRIS THOMAS DAR	BY
CITY-ST-ZIP	JACKSONVILLE FL 32218-751	7	1.3 STREET		5648 DARLOW AVE.	
THLE	SWD	DELETE	1.4 City-S 2.1 Title	T-ZIP	JACKSONVILLE FL 3	2211-1747
NAME	DEETZ, DARRYL W	Clockett				
STREET ADDRESS	119 EAST 63RD ST.		2.2 NAME		SENIOR WARDEN (D)	
City-St-ZiP	JACKSONVILLE FL 32208-471)	2 3 STREET		DARRYL WAYNE DEETZ	7
TITLE	JWS	DELETE	2 4 CITY - S	ST-ZIP	110 EAST 63RD ST	
NAME	DARBY, MORRIS T	Porteir	3.1 TITLE		JACKSONVILLE FL 32208-4712	
STREET ADDRESS	5648 DARLOW AVE.		3.2 NAME			
CITY - ST - ZIP	JACKSONVILLE FL 32211-1747	,	3.3 STREET		JUNIOR WARDEN	(D)
TITLE	TD	DELETE	34. CITY-S	T-ZIP	MARCUS PAUL SHALL	AR
NAME	YOUNG, RAOBERT L		4.1 TITLE		12887 PLUMMER GRA	NT RC
STREET ADDRESS	4621 CASTLEWOOD DR. W.		4. 2 NAME	-	JACKSONVILLE FL 3	
CITY-ST-ZIP	JACKSONVILLE FL 32206		4.3 STREET			4 - 4
TITLE	SD SD	DELETE	4.4 CITY - ST	- 2IP	TREASURER	(D)
NAME	WOODS, RICHARD D	PARTER	5 1 TITLE		ROBERT LOREN YOUN	IG
STREET ADDRESS	130 COLLEGE DR.		52 NAME		4621 CASTLEWOOD D	R W
	ORANGE PARK FL 32065		5.3 STREET	address	JACKSONVILLE FL 3	2206
CITY-ST-ZIP TITLE	OTATIOE FAIR PL 32003	Floriere	5.4 CITY - ST	- ZIP	SECRETARY	(D)
NAME		DELETE	6.1 TITLE		ROBERT DELMUS BRA	
STREET ADDRESS			6.2 NAME		HC OI BOX 206-A	CLWCLL
			63 STREET A	NDDRESS	BRYCEVILLE FL 320	00-0717
CITY-ST-ZIP			64 DITY-ST	- 710	DULCHARITE LE 250	UY-Y/13

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 it made under eath; 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. 904-

SIGNATURE: >

354-2339