

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # C10084 (7)

1. Corporation Name

RAIFORD LODGE NO. 82 FREE AND ACCEPTED MASONS OF
FLORIDA

Principal Place of Business

Mailing Address

C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
03/01/1995

4. FEI Number
23-7526380

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

2. Principal Place of Business

2a. Mailing Address

21 ROY CONNOR SHEPPARD

26 ROY CONNOR SHEPPARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24

Country

29

Country

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)

500001779395

83

-04/15/96--01020--039

84 City

***1286.25

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD ☐ DELETE
NAME THORNTON, JIMMIE
STREET ADDRESS RR 1 BOX 382-A
CITY-ST-ZIP RAIFORD FL 32083-9051

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

WORSHIPFUL MASTER (D)
DAVID LEE GARLAND
RT 1 BOX 222
RAIFORD FL 32083

TITLE SD ☐ DELETE
NAME ROSIER, JAMES D
STREET ADDRESS RT.1 BOX 599
CITY-ST-ZIP LAWTEY FL 32058-9603

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

SENIOR WARDEN (D)
RANDALL J NORMAN
P.O. BOX 578 N/A
LAWTEY FL 32058

TITLE SWD ☐ DELETE
NAME GRIFFIS, ALVIN A
STREET ADDRESS RR 1 BOX 500
CITY-ST-ZIP LAKE BUTLER FL 32054-9724

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

JUNIOR WARDEN (D)
HORACE EDWARD GANN
P O BOX 218 N/A
RAIFORD FL 32083

TITLE JWD ☐ DELETE
NAME JOHNSON, PAUL E
STREET ADDRESS RT. 2 BOX 397
CITY-ST-ZIP MACCLENNY FL 32063-9527

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TREASURER (D)
ALVIN ALTON GRIFFIS
RR 1 BOX 500
LAKE BUTLER FL 32054-9724

TITLE TD ☐ DELETE
NAME DICKENS, PATRICK C II
STREET ADDRESS RT. 1 BOX 44
CITY-ST-ZIP RAIFORD FL 32083-9006

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

SECRETARY (D)
JAMES DONALD ROSIER
RT 1 BOX 599
LAWTEY FL 32058-9603

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-96

904 431-1366

CS 4/14/96

CR2E037 (12/95)