

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10084** (7)

1. Corporation Name

**RAIFORD LODGE NO. 82 FREE AND ACCEPTED MASONS OF FLORIDA**

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202-3218



2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>04/14/1996</b>
		4. FEI Number <b>23-7526380</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 617.1503, 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

**2-3-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	1.1 TITLE	WORSHIPFUL MASTER D
NAME	GARLAND, DAVID L	1.2 NAME	Eddie Lee Moss
STREET ADDRESS	RT 1 BOX 222	1.3 STREET ADDRESS	Rt 5 Box 7895
CITY-ST-ZIP	RAIFORD FL 32083-9051	1.4 CITY-ST-ZIP	Starke FL 32091
TITLE	SD	2.1 TITLE	SENIOR WARDEN D
NAME	ROSIER, JAMES D	2.2 NAME	David Lee Garland
STREET ADDRESS	RT.1 BOX 599	2.3 STREET ADDRESS	Rt 1 Box 222
CITY-ST-ZIP	LAWTEY FL 32058-9603	2.4 CITY-ST-ZIP	Raiford FL 32083
TITLE	TD	3.1 TITLE	JUNIOR WARDEN D
NAME	GRIFFIS, ALVIN A	3.2 NAME	Patrick C Dickens II
STREET ADDRESS	RR 1 BOX 500	3.3 STREET ADDRESS	Rt 1 Box 44
CITY-ST-ZIP	LAKE BUTLER FL 32054-9724	3.4 CITY-ST-ZIP	Raiford FL 32083-9006
TITLE	JWD	4.1 TITLE	TREASURER D
NAME	GANN, HORACE E	4.2 NAME	Alvin Alton Griffie
STREET ADDRESS	P.O. BOX 218 N/A	4.3 STREET ADDRESS	Rr 1 Box 500
CITY-ST-ZIP	RAIFORD FL 32083	4.4 CITY-ST-ZIP	Lake Butler FL 32054-9724
TITLE	SWD	5.1 TITLE	SECRETARY D
NAME	NORMAN, RANDALL J	5.2 NAME	James Donald Rosier
STREET ADDRESS	P.O. BOX 578 N/A	5.3 STREET ADDRESS	Rt 1 Box 599
CITY-ST-ZIP	LAWTEY FL 32058	5.4 CITY-ST-ZIP	Lawtey FL 32058-9603
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

**James D. Rosier**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-27-97**  
Date

**904 354 3833**  
Daytime Phone 1004038

CH2E037 (9/96)