

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
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1992

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300002486108

83 -04/13/98--01018--026

84 City

*****5003.75**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSS, EDDIE LEE	
STREET ADDRESS	RT 5 BOX 7895	
CITY-ST-ZIP	STARKE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARLAND, DAVID LEE	
STREET ADDRESS	RT BOX 222	
CITY-ST-ZIP	RAIFORD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKENS II, PATRICK C	
STREET ADDRESS	RT 1 BOX 44	
CITY-ST-ZIP	RAIFORD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIFFIS, ALVIN ALTON	
STREET ADDRESS	RR 1 BOX 500	
CITY-ST-ZIP	LAKE BUTLER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSIER, JAMES DONALD	
STREET ADDRESS	RT 1 BOX 599	
CITY-ST-ZIP	LAWTEY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Lee Garland	
1.3 STREET	Rt 1 Box 222	
1.4 CITY-ST	Raiford FL 32083	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James Donald Rosier	
2.3 STREET	Rt 1 Box 599	
2.4 CITY	Lawtey FL 32058-9603	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patrick C Dickens II	
3.3 STREET	Rt 1 Box 44	
3.4 CITY	Raiford FL 32083-9006	<input type="checkbox"/> Change <input type="checkbox"/> Addition

4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	George Richard Hanson II	
4.3 STREET	1011B W Pratt St	
4.4 CITY	Starke FL 32091-3042	<input type="checkbox"/> Change <input type="checkbox"/> Addition

5.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Alvin Alton Griffis	
5.3 STREET	Rr 1 Box 500	
5.4 CITY	Lake Butler FL 32054-9724	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

James D. Rosier

904-354-2339
3-18-98

CP2E037 (10/97)