

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10084

1. Corporation Name

RAIFORD LODGE NO. 82 FREE AND ACCEPTED MASONS OF
FLORIDA

Principal Place of Business

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

Mailing Address

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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90010 001 ***428.75



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

Applied For

22

27

23-7526380

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

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)

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

N/A
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE JWD ☐ DELETE
NAME HANSON, GEORGE RICHARD II
STREET ADDRESS 1011B W PRATT ST
CITY-ST-ZIP STARKE FL 32091-3042

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE WMD ☐ DELETE
NAME GARLAND, DAVID LEE
STREET ADDRESS RT BOX 222
CITY-ST-ZIP RAIFORD FL 32083

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE JUNIOR WARDEN (D) ☐ Change ☐ Addition
3.2 NAME SHIPLEY, OSCAR C.
3.3 STREET ADDRESS P. O. BOX 734 N/A
3.4 CITY-ST-ZIP RAIFORD FL 32083

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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:

X JASON D. MALKIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

see

7-9-99 004354-3833
Date Daytime Phone #

CR2E037 (5/99)