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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # C10099

(5)

PARKER LODGE NO. 142 FREE AND ACCEPTED MASONS OF

FLORIDA Principal Place of Business Mailing Address C/O WILLIAM G WOLF C/O-WILLIAMF & WOLF 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3a. Date of Last Report 3. Date Incorporated or Qualified 06/30/1992 03/22/1995 2. Principal Place of Business 21 Roy Connor 2a. Mailing Adokess 4. FEI Number Applied For 59-6136875 26 Roy Connor Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zio 29 30 Yes No 24 25 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHEPPARD, ROY CONNOR 82 Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET 83 JACKSONVILLE FL 32202 84 City 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 chilgations of, Saction 97.0503, Florida Statutes. SIGNATURE or printed name of registered agent and title if appli-ADDITIONS/CHANGES/10 OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TILLE WMD WCRSHIPFUL MASTER NAME LOFTIN, ULESS K 1.2 NAME GRADY LEON BROXTON JR STREET ADDRESS 1300 E. 13TH ST. 1.3 STREET ADDRESS 1319 MAIN AVENUE PANAMA CITY FL 32401 CITY - ST - 7IP 1.4 CITY-ST-ZIP LYNN HAVEN FL 32444 DELETE 2.1 TITLE THILE SWD ARTHUR, WILLIAM H SENIOR WARDEN NAME **2.2 NAME** (D) 5218 TIFFANY LANE 2.3 STREET ADDRESS GARY WAYNE DONAGHY SR STREET ADDRESS PANAMA CITY FL 32404-6949 2. 4 CITY-ST-ZIP CITY-ST-7IP 4627 HYACINTH ST. DELETE 3.1 TITLE TITLE .IWD PANAMA CITY FL 32404-7023 DONAGHY, GARY W SR 3.2 NAME NAME 101 JUNIOR WARDEN 4627 HYACINTH ST. 3.3 STREET ADDRES STREET ADDRESS EDSEL SHERMAN BURKE SR PANAMA CITY FL 32404-1188 34. CITY-ST-ZIP CHTY - ST - ZIP DELETE 5025 PINE AVE. 4.1 TITLE TITLE TD YOUNGSTOWN FL 32466 ROBERTS, ROY L 4 2 NAME NAME P.O. BOX 10188 N/A 4.3 STREET ADDRES STREET ADDRESS **TREASURER** (0) PARKER FL 32404-1188 4.4 CITY-ST-ZIP CITY-ST-ZIP ROY LEON ROBERTS DELETE TITLE 5.1 TITLE PO BOX 1018B N/A STUBBS, HARRY L 5.2 NAME NAME PARKER FL 32404-1188 1502 PRIMROSE LN. 5.3 STREET ADDRES STREET ADDRESS PANAMA CITY FL 32404-2796 5.4 CITY - ST - ZIP (0) SECRETARY CITY-ST-ZIP TITLE DELETE 61 TITLE HARRY LAVERT STUBBS 62 NAME NAME 1502 PRIMROSE LN

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

PANAMA CITY FL 32404-2796

(1295)