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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # C10099

1. Corporation Name

PARKER LODGE NO. 142 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 4802 E. Hwy. 98	26 4802 E. Hwy. 98	06/30/1992
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-6136875 ☐ Applied For ☐ Not Applicable
23 City & State PARKER, FL.	28 City & State PARKER, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip 32404 25 Country BAY	29 Zip 32404 30 Country BAY	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 N/A

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	WMD	☒ DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) ☒	☐ Change ☐ Addition
NAME	BURKE, EDSEL S SR.		1.2 NAME	Gaylon B Stovall	
STREET ADDRESS	5035 PINE AVENUE		1.3 STREET ADDRESS	133 East Avenue S	
CITY-ST-ZIP	YOUNGSTOWN FL 32466		1.4 CITY-ST-ZIP	Panama City FL 32401	
TITLE ✓	SD	☐ DELETE	2.1 TITLE	SENIOR WARDEN (D) ☒	☐ Change ☐ Addition
NAME	STUBBS, HARRY LAVERT		2.2 NAME	Mark Andrew Gapetz	
STREET ADDRESS	1502 PRIMROSE LANE		2.3 STREET ADDRESS	632 Old Hickory St	
CITY-ST-ZIP	PANAMA CITY FL 32404		2.4 CITY-ST-ZIP	Panama City Fl 32404	
TITLE	SWD	☒ DELETE	3.1 TITLE	JUNIOR WARDEN (D) ☒	☐ Change ☐ Addition
NAME	STOVALL, GAYLON B		3.2 NAME	Edward Earl Qualls	
STREET ADDRESS	133 EAST AVENUE S.		3.3 STREET ADDRESS	4920 Sharon Dr	
CITY-ST-ZIP	PANAMA CITY FL 32401		3.4 CITY-ST-ZIP	Panama City Fl 32404-7330	
TITLE	JWD	☒ DELETE	4.1 TITLE		☐ Addition
NAME	GAPETZ, MARK ANDREW		4. 2 NAME		
STREET ADDRESS	632 OLD HICKORY STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		4.4 CITY-ST-ZIP		
TITLE ✓	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, ROY LEON		5.2 NAME		
STREET ADDRESS	4931 3RD STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	PARKER FL 32404		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED Harry L. Stubbs 3-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 904-254-2339