

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10107 (6)

1. Corporation Name

BELLEVUE LODGE NO. 95 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

C/O WILLIAM G. WOLF
220 OCEAN ST.
JACKSONVILLE FL 32202

C/O WILLIAM G. WOLF
220 OCEAN ST.
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **03/01/1995**

21	2. Principal Place of Business ROY CONNOR SHEPPARD	26	2a. Mailing Address ROY CONNOR SHEPPARD
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number 23-7526391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 STREET
JACKSONVILLE FL 32202**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	State FL
	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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JAMES R	
STREET ADDRESS	7837 S.E. COUNTY HWY 42	
CITY-ST-ZIP	SUMMERFIELD FL 34491-5313	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JAMES W	
STREET ADDRESS	PO BOX 25 N/A	
CITY-ST-ZIP	CANDLER FL	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	OLIVER, JABY L	
STREET ADDRESS	12525 S.E. 107TH ST.	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	BOYER, WILLET A III	
STREET ADDRESS	P.O. BOX 527 N/A	
CITY-ST-ZIP	WEIRSDALE FL 32195-0527	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAUGESSEN, BERNHARD E	
STREET ADDRESS	14711 S.E. 155TH ST	
CITY-ST-ZIP	WEIRSDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**WORSHIPFUL MASTER (D)
JABY LEROY OLIVER
12525 S.E. 107TH ST.
OKLAWAHA FL 32179**

**SENIOR WARDEN (D)
WILLET ALBRIGHT BOYER III
P. O. BOX 527 N/A
WEIRSDALE FL 32195-0527**

**TREASURER (D)
BERNHARD EDWIN LAUGESSEN
14711 S.E. 155TH ST.
WEIRSDALE FL 32195-2213**

**JUNIOR WARDEN (D)
JAMES TIMOTHY FAIL
PO BOX 729 N/A
OKLAWAHA FL 32179-0729**

**SECRETARY (D)
JAMES WILLIAM LIVINGSTON
PO BOX 25 N/A
CANDLER FL 32111-0025**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the information indicated on this annual report or supplemental annual report is true and accurate; 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: *[Handwritten Signature]* **JABY OLIVER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/1996 **(352)307-0977**
DATE DAYTIME PHONE #

CR2E037 (12/95)