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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # C10107 (6)

1. Corporation Name
BELLEVIEW LODGE NO. 95 FREE AND ACCEPTED MASONS OF FLORIDA



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

3. Date Incorporated or Qualified 06/30/1992
3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country
4. FEI Number 23-7526391
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 [Signature] 2-3-97
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
WMD LIVINGSTON, JAMES R 7837 S.E. COUNTY HWY 42 SUMMERFIELD FL 34491-5313
SD LIVINGSTON, JAMES W PO BOX 25 N/A CANDLER FL
SWD OLIVER, JABY L 12525 S.E. 107TH ST. OKLAWAHA FL 32179
JWD BOYER, WILLET A III P.O. BOX 527 N/A WEIRSDALE FL 32195-0527
T LAUGESSEN, BERNHARD E 14711 S.E. 155TH ST WEIRSDALE FL
SD LIVINGSTON, JAMES WILLIAM P.O. BOX 25 NA CANDLER FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Willet Albright Boyer III
1.3 STREET ADDRESS 2558 SE 15th Ave #34P
1.4 CITY-ST-ZIP Ocala FL 34471
2.1 TITLE SENIOR WARDEN D
2.2 NAME James Timothy Fail
2.3 STREET ADDRESS Po Box 729 N/A
2.4 CITY-ST-ZIP Oklawaha FL 32179-0729
3.1 TITLE JUNIOR WARDEN D
3.2 NAME Steve William Whaley
3.3 STREET ADDRESS 12188 S E 61st Ct
3.4 CITY-ST-ZIP Belleview FL 34420-5281
4.1 TITLE TREASURER D
4.2 NAME Bernhard Edwin Lougesen
4.3 STREET ADDRESS 14711 S.E. 155th St.
4.4 CITY-ST-ZIP Weirsdale FL 32195-2213
5.1 TITLE SECRETARY D
5.2 NAME James William Livingston
5.3 STREET ADDRESS Po Box 25 N/A
5.4 CITY-ST-ZIP Candler FL 32111-0025

14. I do 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: [Signature] 2-19-97 352-687-4109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)