

FILE NOW: FILING FEE IS \$61.25

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**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10107 (6)

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



Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 06/30/1992	4. FEI Number 23-7526391	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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]* DATE: **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	LIVINGTON, 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 25	
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	SD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JAMES WILLIAM	
STREET ADDRESS	P.O. BOX 25 NA	
CITY-ST-ZIP	CANDLER FL 25	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Timothy Fail	
1.3 STREET ADDRESS	Po Box 729 N/A	
1.4 CITY-ST-ZIP	Oklawaha Fl 32179-0729	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jaby LeRoy Oliver	
2.3 STREET ADDRESS	12525 S.E. 107th St.	
2.4 CITY-ST-ZIP	Oklawaha FL 32179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steve William Whaley	
3.3 STREET ADDRESS	12188 S E 61st Ct	
3.4 CITY-ST-ZIP	Belleview Fl 34420-5281	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brien Donald Radley	
4.3 STREET ADDRESS	12100 Count Rd	
4.4 CITY-ST-ZIP	Belleview Fl 34420	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Paul Pisani	
5.3 STREET ADDRESS	6274 SE 121st Pl	
5.4 CITY-ST-ZIP	Belleview Fl 34420	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
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.

SIGNATURE: *[Signature]* DATE: **3/30/98** 352 307 0977

CR2E037 (10/97)