

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 # C10112 (6)

1. Corporation Name

PERRY LODGE NO. 123 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified 06/30/1992
3a. Date of Last Report 03/22/1995

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

4. FEI Number 23-7161310 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

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 700001766287
-04/02/96--01061--001
84 City ***5083.75 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 *Roy Connor Sheppard* DATE 2/16/96

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JAMES DARRAN	
STREET ADDRESS	121 PACE DRIVE	
CITY-ST-ZIP	PERRY FL 32347-1415	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	MERRITT, CLYDE J SR	
STREET ADDRESS	1685 COPPERFIELD CIR.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	PARRISH, KAY LAUGHRAN	
STREET ADDRESS	RR 5 BOX 487	
CITY-ST-ZIP	PERRY FL 32347-9358	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CARL R JR	
STREET ADDRESS	RR 4 BOX 416	
CITY-ST-ZIP	PERRY FL 32347-9804	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOVE, DONALD W	
STREET ADDRESS	RT. 4 BOX 537	
CITY-ST-ZIP	PERRY FL 32347-9484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE WORSHIPFUL MASTER (D)
1.2 NAME CLYDE JEFFERY MERRITT
1.3 STREET ADDRESS 1685 COPPERFIELD CIR.
1.4 CITY-ST-ZIP TALLAHASSEE FL 32308
2.1 TITLE SENIOR WARDEN (D)
2.2 NAME KAY LAUGHRAN PARRISH
2.3 STREET ADDRESS RR 5 BOX 487
2.4 CITY-ST-ZIP PERRY FL 32347-9358
3.1 TITLE JUNIOR WARDEN (D)
3.2 NAME DONALD MOCK
3.3 STREET ADDRESS 103 EL MATADOR DR.
3.4 CITY-ST-ZIP PERRY FL 32347-1709
4.1 TITLE TREASURER (D)
4.2 NAME CARL RAYMOND WILLIAMS SR
4.3 STREET ADDRESS RR 4 BOX 416
4.4 CITY-ST-ZIP PERRY FL 32347-9804
5.1 TITLE SECRETARY (D)
5.2 NAME DONALD WAYNE LOVE
5.3 STREET ADDRESS RT 4 BOX 537
5.4 CITY-ST-ZIP PERRY FL 32347-9484

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute a false statement; that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature on here 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: *Clayton J. Mortham* DATE 2/27/96 DAYTIME PHONE # 904-354-2339

CR2E037 (12/95)