

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # C10115 (9)

1. Corporation Name

OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED MA
SONS OF FLORIDA

Principal Place of Business

Mailing Address

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

C/O WILLIAM G. WOLF
220 OCEAN ST.
JACKSSONVILLE 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
Suite, Apt. #, etc.

2a. Mailing Address
26 ROY CONNOR SHEPPARD
Suite, Apt. #, etc.

4. FEI Number
23-7526377

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

81 Name
82 Street Address (P.O. Box Number, if applicable)
83 City
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, 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	DELETE
WMD	VARNUM, DAVID A	10722 HWY 39 S.	LITHIA FL 33547-1819	<input type="checkbox"/>
SWD	ODOM, ALEX S	2105 PARKVIEW DR.	PLANT CITY FL 33566	<input type="checkbox"/>
JWD	WOODS, RICHARD	702 W. ST. ROAD 60	PLANT CITY FL 33567-9280	<input type="checkbox"/>
TD	LYTLE, MICHAEL E	6601 STAFFORD OAKS PLACE	PLANT CITY FL 33565-8010	<input type="checkbox"/>
SD	CAMERON, JAMES A	1725 GIB-GALLOWAY RD. LOT 55	LAKELAND FL 33809	<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

WORSHIPFUL MASTER (D)
ALEX SAMUEL ODOM
2105 PARKVIEW DRIVE
PLANT CITY FL 33566

SENIOR WARDEN (D)
RICHARD WOODS
702 W. ST. RD. 60
PLANT CITY FL 33567-9280

JUNIOR WARDEN (D)
GARY DERWOOD TURNER
7006 N. FIVE ACRE RD.
PLANT CITY FL 33565

TREASURER (D)
MICHAEL EDWARD LYTLE
6601 STAFFORD OAKS PL
PLANT CITY FL 33565-8010

SECRETARY (D)
JAMES ALTON CAMERON
1725 GIB-GALLOWAY ROAD
LAKELAND FL 33809

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 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: X Alex S. Odom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)