

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSSONVILLE FL 32202**

**C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSSONVILLE FL 32202-3218**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/02/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7526377	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 ST
JACKSONVILLE FL 32202**

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMO	1.1 TITLE	WORSHIPFUL MASTER
NAME	ODOM, ALEX SAMUEL	1.2 NAME	Richard Woods
STREET ADDRESS	2105 PARKVIEW DR.	1.3 STREET ADDRESS	702 W. St. Rd. 60
CITY-ST-ZIP	PLANT CITY FL 33568	1.4 CITY-ST-ZIP	Plant City FL 33567-9280
TITLE	SWED	2.1 TITLE	
NAME	WOODS, RICHARD	2.2 NAME	
STREET ADDRESS	702 W. ST. RD. 60	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567-9280	2.4 CITY-ST-ZIP	
TITLE	JWD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, GARY DERWOOD	3.2 NAME	
STREET ADDRESS	7006 N. FIVE ACRE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYTLE, MICHAEL EDWARD	4.2 NAME	
STREET ADDRESS	6801 STAFFORD OAKS PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565-8010	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SECRETARY
NAME	CAMERON, JAMES ALTON	5.2 NAME	Cecil Carroll Carr
STREET ADDRESS	1725 GIB-GALLOWAY RD.	5.3 STREET ADDRESS	1305 E Cherry St
CITY-ST-ZIP	LAKELAND FL 33809	5.4 CITY-ST-ZIP	Plant City FL 33566-2612
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplement to 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

C. CARR 3-15-97 813-752-4181
***2633.75

CFR2503/ (9/96)