## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # C10115

1. Corporation Name

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

Principal Place of Business

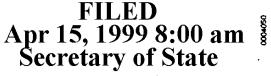
C/O ROY CONNOR SHEPPARD

C/O ROY CONNOR SHEPPARD 220 OCEAN ST.

220 OCEAN ST. JACKSSONVILLE FL 32202

JACKSSONVILLE FL 32202

Mailing Address



04-15-1999 90112 001 \*4,838.75

|--|--|--|--|--|

2. Principal Place of Business		2a. Mailing Address	a. Mailing Address		Date Incorporated or Qualifed
21		26	6		06/30/1992
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For
22		27	_		23-7526377 Not Applicable
City & State		City & State	City & State		5. Certificate of Status Desired
Zip	Country	Zip	Country	y	6. Election Campaign Financing \$5.00 May Be
24 29 29		30		Trust Fund Contribution Added to Fees	
	9. Name and Address of Current	Registered Agent	T	10. Name and Address of New Registered Agent	
			81	Name	
SHEPPARD, ROY CONNOR			82	Street	Address (P.O. Box Number is Not Acceptable)
220 OCE	ean st		-		
JACKSO	NVILLE FL 32202		83	'[	
			84	City	85 Zip Code
				ــــــــــــــــــــــــــــــــــــــ	FL   ``
11. Pursuar	nt to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute of Florida, Such change was au	s, the abou	/e-named / the com/	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and accept the obligati	ions of, Section 617.0503, Flori	ida Statute	s.	-1/.
SIGNATURI	₽ N/A				
	Signature, typed or printed name of registered agent			nt signature r	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.		
TITLE	D	Xvetere	1.1 TITLE		1 JOHINE MARDEN 12.X
NAME	COLEMAN, HERMAN T		1.2 NAME		James Wesley Ford /
STREET ADDRES				TADDRESS	L CEAS LAWREDS A.
CITY-ST-ZIP	PLANT CITY FL 33567-6341		1.4 CITY-5	ST-ZIP	V@lrico-Fl 33574 ☐Change ☐Addition
TITLE V	SD	☐ DELETE	2.1 TITLE		John Maria
NAME	MAY, ROBERT A		2.2 NAME		
STREET ADDRES	ETADDRESS P O BOX 1539 N/A		2.3 STREE	TADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33564-1539		2. 4 CITY-	ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	SAURRENCY, TIMOTHY L		3.2 NAME		
STREET ADDRES	ss 2808 N BLAIN RD		3.3 STREE	TADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565-8927		3.4. CITY-	ST-ZIP	
TITLE /	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUPP, IRVIN E		4, 2 NAME	i .	
STREET ADDRES	1		4.3 STREE	ET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566-2720		4.4 CITY-	ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LYTLE, MICAHEL E		5.2 NAME		
STREET ADDRES			5.3 STREE	T ADDRESS	;
CITY-ST-ZIP	PLANT CITY FL 33565-8010		5.4 CITY-	ST-ZIP	·
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
CTDCCT ADDDES	201		6.3 STREE	T ADDRESS	s}

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

752 - 8061