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 # C10119 (1)

1. Corporation Name

STAR LODGE NO. 78 FREE AND ACCEPTED MASONS OF FL ORIDA

Principal Place of Business	Mailing Address
~~WILLIAM G. WOLF~~ 220 OCEAN ST. JACKSONVILLE FL 32202	~~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
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 ROY CONNOR SHEPPARD
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 23-7163084 ☐ 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

SHEPPARD, ROY CONNOR
220 OCEAN ST
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 **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 2/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD	☐ DELETE	1.1 TITLE
NAME	TEREPKA, ROY E		1.2 NAME
STREET ADDRESS	1720 HARBOR CR. E.		1.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL 34640-4558		1.4 CITY-ST-ZIP
TITLE	SWD	☐ DELETE	2.1 TITLE
NAME	HART, THOMAS D JR		2.2 NAME
STREET ADDRESS	9401 122ND WAY		2.3 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE FL 34642-2029		2.4 CITY-ST-ZIP
TITLE	JWD	☐ DELETE	3.1 TITLE
NAME	HOGGATT, JAMES E		3.2 NAME
STREET ADDRESS	2 BELLEMEADE CIR		3.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL 34640-5430		3.4 CITY-ST-ZIP
TITLE	TD	☐ DELETE	4.1 TITLE
NAME	MCDANIEL, FREDRICK H JR		4.2 NAME
STREET ADDRESS	1001 STARKEY RD. #756		4.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL 34641-5430		4.4 CITY-ST-ZIP
TITLE	TD	☐ DELETE	5.1 TITLE
NAME	SMITH, ORVILLE A		5.2 NAME
STREET ADDRESS	117 ASPEN CIR		5.3 STREET ADDRESS
CITY-ST-ZIP	SEMINOLE FL 34647-3941		5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D)
THOMAS DAVID HART JR
9401 122ND WAY
SEMINOLE FL 34642-2029

SENIOR WARDEN (D)
JAMES EARL HOGGATT
2 BELLEMEADE CIR
LARGO FL 34640-2234

JUNIOR WARDEN (D)
JAMES RICHARD CLOUSER
208 TROPIC BLVD E
LARGO FL 34640

TREASURER (D)
FREDERICK HAMPTON MCDANIEL
1001 STARKEY RD. #756
LARGO FL 34641-5430

SECRETARY (D)
ORVILLE ALEXANDER SMITH
117 ASPEN CIR
SEMINOLE FL 34647-3941

CR2E03/ (12/95)

14. I do hereby certify that the information ~~supplied~~ with this filing is voluntarily furnished and does not qualify ... 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] 3 MAR 1996 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas D Hart Jr