


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90161 001 *5,083.75

| | | | | | |
|--|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # C10119 | | | | | |
| 1. Corporation Name STAR LODGE NO. 78 FREE AND ACCEPTED MASONS OF FLORIDA | | | | | |
| Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US | | | Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US | | |



| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 06/30/1992 | |
| 4. FEI Number 23-7163084 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 5.00 May Be Added to Fees | | | |

| | | | | | |
|---|--|--|--|---|--|
| 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 85 Zip Code FL | |
|---|--|--|--|---|--|

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 *N/A* (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *N/A*

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------|--|--------------------|--|---|--|--|
| TITLE | WMD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | CLOUSER, JAMES RICHARD | | 1.2 NAME | J. Paul Stellrecht | | | |
| STREET ADDRESS | 208 TROPIC BLVD. E | | 1.3 STREET ADDRESS | 12404 93rd Ave N | | | |
| CITY-ST-ZIP | LARGO FL 33770 | | 1.4 CITY-ST-ZIP | Seminole FL 33772-3207 | | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | CLOUSER, JAMES RICHARD | | 2.2 NAME | James L Archambault | | | |
| STREET ADDRESS | 208 TROPIC BLVD E | | 2.3 STREET ADDRESS | 1615 Miller Ave. | | | |
| CITY-ST-ZIP | LARGO FL 33770 | | 2.4 CITY-ST-ZIP | Clearwater FL 33756 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | SWD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | STELLRECHT, J. PAUL | | 3.2 NAME | Donald Raymond Langworthy | | | |
| STREET ADDRESS | 12404 93RD AVE N | | 3.3 STREET ADDRESS | 807 Lake Palm Dr. | | | |
| CITY-ST-ZIP | SEMINOLE FL 33772 | | 3.4 CITY-ST-ZIP | Largo FL 33771-3235 | <input type="checkbox"/> Addition | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | TEREPKA, ROY EDWARD | | 4.2 NAME | Dennis Raymond Galliotte | | | |
| STREET ADDRESS | 1770 HARBOR CR E | | 4.3 STREET ADDRESS | 817 Gulf Blvd | | | |
| CITY-ST-ZIP | LARGO FL 33770 | | 4.4 CITY-ST-ZIP | Indian Rocks Beach FL 33785 | <input type="checkbox"/> Addition | | |
| TITLE | JWD | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | ARCHAMBAULT, JAMES L | | 5.2 NAME | Charles L Thompson | | | |
| STREET ADDRESS | 1615 MILLER AVE | | 5.3 STREET ADDRESS | 106 Aspen Cir | | | |
| CITY-ST-ZIP | CLEARWATER FL 34616 | | 5.4 CITY-ST-ZIP | Seminole FL 33777 | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |

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.

SIGNATURE: *[Signature]* 3/2/99 727 585 2485 398 6659-Home
Date Daytime Phone #

CR2E037 (1/98)