

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 # C10128 (2)

1. Corporation Name

**ROCKY SINK LODGE NO. 88 FREE AND ACCEPTED MASONS
OF FLORIDA**



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**

26 **ROY CONNOR SHEPPARD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

03/24/1995

4. FEI Number

23-7526384

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

600001773046

83

04/09/96--01011--001

84 City

*****1960.00**

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]

(NOTE: Registered Agent signature required to be completed)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **WMD**
STREET ADDRESS **DONALDSON, DENNIS J JR**
CITY-ST-ZIP **RT. 7 BOX 146-I
LIVE OAK FL 32060-9807**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **CROSS, JACK M JR**
CITY-ST-ZIP **P.O. BOX 153 N/A
LIVE OAK FL 32060-0153**

TITLE ☐ DELETE
NAME **SWD**
STREET ADDRESS **CANNON, VICTOR E**
CITY-ST-ZIP **RT 2 BOX 292
LIVE OAK FL 32060-9684**

TITLE ☐ DELETE
NAME **JWD**
STREET ADDRESS **ECKLUND, CARL G JR**
CITY-ST-ZIP **204 MARY STREET
LIVE OAK FL 32060**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BONDS, JOHNNIE Z**
CITY-ST-ZIP **PO BOX 535 N/A
LIVE OAK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)
IRVIN CLYDE CROSS
P. O. BOX 716 N/A
LIVE OAK FL 32060-0716**

**SENIOR WARDEN (D)
VICTOR EUGENE CANNON
RT. 2 BOX 292
LIVE OAK FL 32060-9684**

**JUNIOR WARDEN (D)
WILLIAM HUGH JONES
RT. 4 BOX 450 E
LIVE OAK FL 32060**

**TREASURER (D)
JOHNNIE ZION BONDS
PO BOX 535 N/A
LIVE OAK FL 32060-0535**

**SECRETARY (D)
JACK MCCULLERS CROSS JR
P. O. BOX 153 N/A
LIVE OAK FL 32060-0153**

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: X

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 904-362-7307

DATE **05 4-8-96**