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Mar 11 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 # **C10128** (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218



3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	CROSS, IRVIN C	
STREET ADDRESS	P.O. BOX 716 N/A	
CITY-ST-ZIP	LIVE OAK FL 32060-0716	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CANNON, VICTOR E	
STREET ADDRESS	RT 2 BOX 292	
CITY-ST-ZIP	LIVE OAK FL 32060-9684	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	JONES, WILLIAM H	
STREET ADDRESS	RT 4 BOX 450 E	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BONDS, JOHNNIE Z	
STREET ADDRESS	P.O. BOX 535 N/A	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CROSS, JACK M JR	
STREET ADDRESS	PO BOX 153 N/A	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Victor Eugene Cannon
1.3 STREET ADDRESS	Rt. 2 Box 292
1.4 CITY-ST-ZIP	Live Oak FL 32060-9684
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	William Hugh Jones
2.3 STREET ADDRESS	13476 North County Rd 349
2.4 CITY-ST-ZIP	Live Oak FL 32060
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Keith Morgan Carmichael
3.3 STREET ADDRESS	Rr 4 Box 317
3.4 CITY-ST-ZIP	Lake City FL 32055-8507
4.1 TITLE	TREASURER D
4.2 NAME	Johnnie Zion Bonds
4.3 STREET ADDRESS	Po Box 535 N/A
4.4 CITY-ST-ZIP	Live Oak FL 32060-0535
5.1 TITLE	SECRETARY D
5.2 NAME	Jack McCullers Cross Jr
5.3 STREET ADDRESS	P. O. Box 153 N/A
5.4 CITY-ST-ZIP	Live Oak FL 32060-0153
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 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] Jack M. Cross, Jr
Secy.

Date

Daytime Phone

2-21-97
904-354-2339

UNZCJUN 1996