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FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7526384

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 of registered agent or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
WMO CROSS, IRVIN C
P.O. BOX 716 N/A
LIVE OAK FL 32060-0716

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD VICTOR EUGENE CANNON
RT.2 BOX 292
LIVE OAK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
JWD WILLIAM HUGH JONES
13476 NORTH COUNTY RD 349
LIVE OAK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TD JOHNNIE ZION BONDS
P.O. BOX 535 N/A
LIVE OAK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD JACK MCCULLERS CROSS JR
PO BOX 153 N/A
LIVE OAK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
1.2 NAME **William Hugh Jones**
1.3 STREET **13476 North County Rd 349**
1.4 CITY-ST **Live Oak FL 32060** ☐ Change ☐ Addition

2.1 TITLE **SECRETARY (D)** ☒ Change ☐ Addition
2.2 NAME **Jack McCullers Cross Jr**
2.3 STREET **P. O. Box 153 N/A**
2.4 CITY-ST **Live Oak FL 32060-0153** ☐ Change ☐ Addition

3.1 TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition
3.2 NAME **Keith Morgan Carmichael**
3.3 STREET **Rt 4 Box 317**
3.4 CITY-ST **Lake City FL 32055-8507** ☐ Change ☐ Addition

4.1 TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition
4.2 NAME **Winston Leslie Bass**
4.3 STREET **12516 110th St**
4.4 CITY-ST **Live Oak FL 32060** ☐ Change ☐ Addition

5.1 TITLE **TREASURER (D)** ☒ Change ☐ Addition
5.2 NAME **James Doyle Carmichael**
5.3 STREET **Rt 2 Box 444-C**
5.4 CITY-ST **Lake City FL 32055-9666**

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.

SIGNATURE:

Jack M. Cross, Jr.

3-6-98 9043677307

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