**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # C10128**

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

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202

Mailing Address

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

## **FILED** May 29, 1999 8:00 am Secretary of State

05-29-1999 90009 001 \*\*\*735.00



2. Principal Place of Business					2a. Mailing Address					3. (	Date Incorporated	or Qualifed			
21	}			26	26					(	06/30/1992				
	Crite Ant # Ato				Suite, Apt. #, etc.						FEI Number			<b>├</b>	plied For
22											23-7526384			No	t Applicable
	City & State				City & State					5. 6	Dertifcate of Statu	s Desired		\$8.75 A	- (
23					Zip Country									Fee Re	
	Zíp	Country			¬			ıntry			Election Campaigi	-		\$5.00	•
24			25	29				Trust Fund Contribution  10. Name and Address of N					Pagistered	Added t	o Fees
Name and Address of Current Registered Agent							81	Name		10.	Name and Addie	188 O 1 140 W 1	(agister au	- Añaur	
								1401110							
	SHEPPARD, ROY CONNOR							Street	Address	s (P.0	O. Box Number is	Not Accepta	able)		}
ı	220 OCEAN STREET														
JACKSONVILLE FL 32202							83								
1							84	City					Fì	85 Zip (	Code
14	Dumuert	to the province	one of Sections 617 OFF	2 and 9	317 1508 Florida State	utes the a	bove	h-named	COLDOLS	ation :	submits this state	ment for the	nurnose o	f changing its	registered
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 register 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.															gistered
1	agent. I ai	m familiar with	h, and accept the obliga	itions o	r, Section 617.0503, F	ionoa Stati	utes.	•					NIA		Ì
SI	GNATURE	Signature typed o	or printed name of registered age	nt and title	if applicable. (NO	TE: Registered	Agen	t signature n	equired wh	hen rein	nstating)		DATE		
12		<u> </u>	OFFICERS AN			13.				Αſ	DDITIONS/CHAN	GES TO OF	FICERS A	ND DIRECTO	RS IN 12
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NAME		CARMICHAEL, KEITH M			2		2.2 NAME								
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NA	ME	WILLIAM HUGH JONES				3.2 N	AME								Ì
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NAME ADDRESS		CARMICHAEL, JAMES D S RT 2 BOX 444-C						ADDRESS							
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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.