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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10142

1. Corporation Name

PALMETTO LODGE NO. 110 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-6143409

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

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME REDMOND, JAMES KEEFER
 STREET ADDRESS 6633 53RD AVE. E. LOT #D-71
 CITY-ST-ZIP BRADENTON FL 34203

TITLE ☒ DELETE

NAME WMD
 STREET ADDRESS DALE, DANIEL E
 CITY-ST-ZIP 601-14TH AVE. W
 PALMETTO FL 34221

TITLE ☒ DELETE

NAME SWD
 STREET ADDRESS REID-SMITH, JEFFERY
 CITY-ST-ZIP REGATTA POINT MARINA C-11
 PALMETTO FL 34221

TITLE ☒ DELETE

NAME JWD
 STREET ADDRESS BUELL, FRANK B
 CITY-ST-ZIP 7207 LAKESHORE DRIVE
 ELLENTON FL 34222

TITLE ☐ DELETE

NAME SD
 STREET ADDRESS MILLER, WILLIAM MARTIN
 CITY-ST-ZIP 3713 HIGHLAND AVE W
 BRADENTON FL 34205-2032

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME WORSHIPFUL MASTER
 1.3 STREET ADDRESS Jeffrey Reid Smith
 1.4 CITY-ST-ZIP 3204 VIVIENDA BLVD W
 BRADENTON FL 34207

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME SENIOR WARDEN
 2.3 STREET ADDRESS Frank Birney Buell
 2.4 CITY-ST-ZIP 7207 Lake Shore Dr
 Ellementon FL 34222

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME JUNIOR WARDEN
 3.3 STREET ADDRESS Charles Edward Wolfe Sr
 3.4 CITY-ST-ZIP P O Box 341 N/A
 Palmetto FL 34220

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME TREASURER
 4.3 STREET ADDRESS Daniel Eugene Dale
 4.4 CITY-ST-ZIP 601 14TH AVE W
 Palmetto FL 34221-4522

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 of William M. Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/99 941-758-6727

CR2E037 (1/98)