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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE \$130.00

DOCUMENT # C10151 (4)
1. Corporation Name
WESTVILLE LODGE NO. 148 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

3. Date Incorporated or Qualified 06/30/1992
3a. Date of Last Report 04/29/1994
4. FEI Number 23-7526431
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 28 Country 29 Zip 30 Country
9. Name and Address of Current Registered Agent
WOLF, WILLIAM G
220 OCEAN BLVD
JACKSONVILLE FL 32202
10. Name and Address of New Registered Agent
81 Name SHEPPARD, ROY CONNOR
82 Street 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 provisions of, Section 607.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE 2/6/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	WM	1.1 TITLE	WORSHIPFUL MASTER / D		
NAME	CULLIFER, DAVID E	1.2 NAME	KENNY MICHAEL BRADLEY		
STREET ADDRESS	RT 1 BOX 100	1.3 STREET ADDRESS	RR 2 BOX 451		
CITY-ST-ZIP	WESTVILLE FL	1.4 CITY-ST-ZIP	WESTVILLE FL 32464-9623		
TITLE	S	2.1 TITLE	SENIOR WARDEN / D		
NAME	WHITTAKER, LUTHER H	2.2 NAME	WILLIAM EARL HOLMES		
STREET ADDRESS	PO BOX 144 N/A	2.3 STREET ADDRESS	RR 1 BOX 51		
CITY-ST-ZIP	CARYVILLE FL	2.4 CITY-ST-ZIP	WESTVILLE FL 32464-9801		
TITLE	SW	3.1 TITLE	JUNIOR WARDEN / D		
NAME	HOLMES, WILLIAM E	3.2 NAME	LEE LLOYD ELDRIDGE		
STREET ADDRESS	RR 1 BOX 51	3.3 STREET ADDRESS	RT 3 BOX 432		
CITY-ST-ZIP	WESTVILLE FL	3.4 CITY-ST-ZIP	WESTVILLE FL 32464-9539		
TITLE	JW	4.1 TITLE	TREASURER / D		
NAME	ELDRIDGE, LEE L	4.2 NAME	JERRY LEE ELDRIDGE		
STREET ADDRESS	RT 3 BOX 432	4.3 STREET ADDRESS	RT 3 BOX 430		
CITY-ST-ZIP	WESTVILLE FL	4.4 CITY-ST-ZIP	WESTVILLE FL 32464-9539		
TITLE	T	5.1 TITLE	SECRETARY / D		
NAME	CULLIFER, OSCAR E	5.2 NAME	LUTHER HAMPTON WHITTAKER		
STREET ADDRESS	RFD 1, BOX 100	5.3 STREET ADDRESS	PO BOX 144 N/A		
CITY-ST-ZIP	WESTVILLE FL	5.4 CITY-ST-ZIP	CARYVILLE FL 32427-0144		
TITLE		6.1 TITLE			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 612, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *[Signature]* DATE 2-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
904-354-2339
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