

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

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
03/01/1995

2. Principal Place of Business
21 Roy Connor Sheppard
Suite, Apt. #, etc.

2a. Mailing Address
26 Roy Connor Sheppard
Suite, Apt. #, etc.

4. FEI Number
23-7526431

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24

25

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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 BLVD
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100001766301

83

-04/02/96--01061--001

84 City

***5083.75

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE WMD ☐ DELETE
NAME BRADLEY, KENNY M
STREET ADDRESS RR 2 BOX 451
CITY-ST-ZIP WESTVILLE FL 32464-9623

TITLE SWD ☐ DELETE
NAME HOLMES, WILLIAM E
STREET ADDRESS RR 1 BOX 51
CITY-ST-ZIP WESTVILLE FL 32464-9801

TITLE JWD ☐ DELETE
NAME ELDRIDGE, LEE L
STREET ADDRESS RT. 1 BOX 432
CITY-ST-ZIP WESTVILLE FL 32464-9539

TITLE TD ☐ DELETE
NAME ELDRIDGE, JERRY L
STREET ADDRESS RT 3 BOX 430
CITY-ST-ZIP WESTVILLE FL 32464-9539

TITLE SD ☐ DELETE
NAME WHITTAKER, LUTHER H
STREET ADDRESS P.O. BOX 144 N/A
CITY-ST-ZIP CARYVILLE FL 32427-0144

TITLE ☐ 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 KENNY MICHAEL BRADLEY
1.3 STREET ADDRESS RR 2 BOX 451
1.4 CITY-ST-ZIP WESTVILLE FL 32464-9623

2.1 TITLE SENIOR WARDEN (D)
2.2 NAME WILLIAM EARL HOLMES
2.3 STREET ADDRESS RR 1 BOX 51
2.4 CITY-ST-ZIP WESTVILLE FL 32464-9801

3.1 TITLE JUNIOR WARDEN (D)
3.2 NAME LEE LLOYD ELDRIDGE
3.3 STREET ADDRESS RT 3 BOX 432
3.4 CITY-ST-ZIP WESTVILLE FL 32464-9539

4.1 TITLE TREASURER (D)
4.2 NAME OSCAR EDWARD CULLIFER
4.3 STREET ADDRESS R.F.D. 1, BOX 100
4.4 CITY-ST-ZIP WESTVILLE FL 32464-7910

5.1 TITLE SECRETARY (D)
5.2 NAME LUTHER HAMPTON WHITTAKER
5.3 STREET ADDRESS PO BOX 144 N/A
5.4 CITY-ST-ZIP CARYVILLE FL 32427-0144

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 190.03(1), 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: X Kenny Michael Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-96
Date

354-2339
Daytime Phone

CR2E037 (12/95)