

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10152** (2)

1. Corporation Name

**ASHMORE LODGE NO. 102 FREE AND ACCEPTED MASONS O  
F FLORIDA**



Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218 US

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>03/22/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	26 Suite, Apt. #, etc. 27 City & State 28 Zip Country

4. FEI Number <b>23-7184986</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 617.1508, 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  DATE **2-3-97**

12. OFFICERS AND DIRECTORS		
TITLE	MD	<input type="checkbox"/> DELETE
NAME	STEPHENS, WILLIAM BOYD	
STREET ADDRESS	P.O. BOX 266	
CITY - ST - ZIP	SOPCHOPPY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODDENBURY, JAMES	
STREET ADDRESS	P.O. BOX 184	
CITY - ST - ZIP	SOPCHOPPY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, JOHN K	
STREET ADDRESS	BOX 315 N/A	
CITY - ST - ZIP	SOPCHOPPY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPARKMAN, DELOUS	
STREET ADDRESS	327 LONNIE RAKER LANE	
CITY - ST - ZIP	CRAWFORDVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARD, HARLAN ELDRIGE	
STREET ADDRESS	241 DIXIE ROAD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> 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	James Alfred Roddenberry
1.3 STREET ADDRESS	P. O. Box 184 N/A
1.4 CITY - ST - ZIP	Sopchoppy Fl 32358-0184
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Donald McCrary Turner
2.3 STREET ADDRESS	3138 Jorree Lane
2.4 CITY - ST - ZIP	Tallahassee Fl 32303
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Mark Douglas Welch
3.3 STREET ADDRESS	125 Edgewood Dr
3.4 CITY - ST - ZIP	Crawfordville Fl 32327-0038
4.1 TITLE	TREASURER D
4.2 NAME	William Boyd Stephens
4.3 STREET ADDRESS	Box 266 N/A
4.4 CITY - ST - ZIP	Sopchoppy FL 32358-0266
5.1 TITLE	SECRETARY D
5.2 NAME	Kevin Paul Villiard
5.3 STREET ADDRESS	P O Box 94 N/A
5.4 CITY - ST - ZIP	Sopchoppy FL 32358
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:  DATE **2/11/97** 904-354-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 0004304

CR2E037 (9/96)