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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # C10168 (8)

1. Corporation Name

PINE CASTLE LODGE NO. 368 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

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

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US

3. Date Incorporated or Qualified
04/22/1969

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

23-7526579

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 STREET
JACKSONVILLE FL 32202

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 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0502, Florida Statutes.

SIGNATURE

2-3-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	ROBINSON, JOHN W	
STREET ADDRESS	2014 PINEWAY DR.	
CITY-ST-ZIP	ORLANDO FL 32839-3804	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VNA SLYKE, CHAESTE R	
STREET ADDRESS	829 JORDAN AVE	
CITY-ST-ZIP	ORLANDO FL 32809-6475	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	ROUSE, ALFRED J III	
STREET ADDRESS	508 HEATHERTON VILLAGE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	DESSERT, LEONARD	
STREET ADDRESS	1322 NOLTON WAY	
CITY-ST-ZIP	ORLANDO FL 32822-8068	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, EDWARD A III	
STREET ADDRESS	4402 BRANDEIS AVE.	
CITY-ST-ZIP	ORLANDO FL 32839-1488	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VAN SLYKE, CHESTER ROBERT	
STREET ADDRESS	829 JORDAN AVENUE	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Leonard Dessert
1.3 STREET ADDRESS	7929 Gun Kay Ave
1.4 CITY-ST-ZIP	Orlando Fl 32822
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Joe Thurman Ingram
2.3 STREET ADDRESS	729 Alabama Wood's Lane
2.4 CITY-ST-ZIP	Orlando Fl 32824
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Elbert Ray Estes
3.3 STREET ADDRESS	8165 Palm Harbor Way
3.4 CITY-ST-ZIP	Orlando Fl 32822
4.1 TITLE	TREASURER D
4.2 NAME	D. C Bowen
4.3 STREET ADDRESS	502 Manhattan Dr.
4.4 CITY-ST-ZIP	Orlando Fl 32839-4006
5.1 TITLE	SECRETARY D
5.2 NAME	Chester Robert Van Slyke
5.3 STREET ADDRESS	829 Jordan Ave.
5.4 CITY-ST-ZIP	Orlando Fl 32809-6475
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:

CHESTER R VAN SLYKE

2/1/97

407-555-7915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone Number

01/25/97 (1/96)