

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10168 (8)

1. Corporation Name
PINE CASTLE LODGE NO. 368 FREE AND ACCEPTED MASO NS OF FLORIDA



Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified
04/22/1969

4. FEI Number
23-7526579

Applied For
 Yes Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

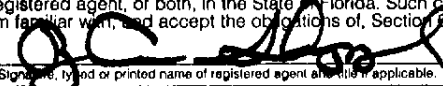
9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
 220 OCEAN STREET
 JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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: **2/13/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	1.1 TITLE	WORSHIPFUL MASTER (D) X <input type="checkbox"/> Addition
NAME	ROBINSON, JOHN W	1.2 NAME	Joe Thurman Ingram
STREET ADDRESS	2014 PINEWAY DR.	1.3 STREET ADDRESS	729 Alabama Woods Lane
CITY-ST-ZIP	ORLANDO FL 32839-3804	1.4 CITY-ST-ZIP	Orlando FL 32824
TITLE	SD	2.1 TITLE	SECRETARY (D) X <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SLYKE, CHESTER R	2.2 NAME	Alfred James Rouse III
STREET ADDRESS	829 JORDAN AVE	2.3 STREET ADDRESS	939 Rock Oak Dr
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SWD	3.1 TITLE	SENIOR WARDEN (D)
NAME	ROUSE, ALFRED J III	3.2 NAME	Eibert Ray Estes
STREET ADDRESS	508 HEATHERTON VILLAGE	3.3 STREET ADDRESS	8165 Palm Harbor Way <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	Orlando FL 32822
TITLE	JWD	4.1 TITLE	JUNIOR WARDEN (D)
NAME	DESSERT, LEONARD	4.2 NAME	Thomas Owen Nicholls
STREET ADDRESS	1322 NOLTON WAY	4.3 STREET ADDRESS	106 James Town Dr Apt D X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	ORLANDO FL 32822-8068	4.4 CITY-ST-ZIP	Winter Park FL 32792
TITLE	TD	5.1 TITLE	TREASURER (D)
NAME	YOUNG, EDWARD A III	5.2 NAME	Edward Anderson Young III X <input type="checkbox"/> Addition
STREET ADDRESS	4402 BRANDEIS AVE.	5.3 STREET ADDRESS	4402 Brandeis Ave
CITY-ST-ZIP	ORLANDO FL 32839-1468	5.4 CITY-ST-ZIP	Orlando FL 32839-1468
TITLE	SD	6.1 TITLE	
NAME	VAN SLYKE, CHESTER ROBERT	6.2 NAME	
STREET ADDRESS	829 JORDAN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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)(f), Florida Statutes; 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 in an attachment with an address.

SIGNATURE:  DATE: **2/24/98** **ADF: BSA-BAD**

CR2E037 (1097)