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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10168

1. Corporation Name:

PINE CASTLE LODGE NO. 368 FREE AND ACCEPTED MASONS 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



2. Principal Place of Business

21 Suite, Apt. #: etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #: etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/22/1969

4. FEI Number
23-7526579

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

N/A

N/A

DATE

Signatur's, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME INGRAM, JOE T
STREET ADDRESS 729 ALABAMA WOODS LN
CITY-ST-ZIP ORLANDO FL 32824

TITLE DELETE
NAME SD ROUSE, ALFRED J III
STREET ADDRESS 839 ROCK OAK DR
CITY-ST-ZIP ORLANDO FL 32809

TITLE DELETE
NAME D ESTES, ELBERT R
STREET ADDRESS 8165 PALM HARBOR WAY
CITY-ST-ZIP ORLANDO FL 32822

TITLE DELETE
NAME D NICHOLLS, THOMAS O
STREET ADDRESS 106 JAMES TOWN DR APT D
CITY-ST-ZIP WINTER PARK FL 32792

TITLE DELETE
NAME TD YOUNG, EDWARD A III
STREET ADDRESS 4402 BRANDEIS AVE
CITY-ST-ZIP ORLANDO FL 32839-1468

TITLE DELETE
NAME SD VAN SLYKE, CHESTER ROBERT
STREET ADDRESS 829 JORDAN AVENUE
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JUNIOR WARDEN Change Addition
1.2 NAME Terry Paul Robinson
1.3 STREET ADDRESS 9887 Piney Point Cir
1.4 CITY-ST-ZIP Orlando FL 32825

2.1 TITLE TREASURER Change Addition
2.2 NAME John L. Mares
2.3 STREET ADDRESS 300 E Church St
2.4 CITY-ST-ZIP Orlando FL 32801-3536

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/9/99 TIME: 407-259-8400

CR2E037-(11/98)