

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **C10172 (0)**

1. Corporation Name

**WELLINGTON LODGE NO. 387 FREE AND ACCEPTED MASON S 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  
**03/21/1995**

21. Principal Place of Business  
**Roy Connor Sheppard**

2a. Mailing Address  
**Roy Connor Sheppard**

4. FEI Number  
**65-0132697**

Applied For  
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

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

23. City & State

28. City & State

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

24. Zip Country

29. Zip Country

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)  
**300001766429**  
**-04702796--01061--001**  
**\*\*\*5083.75**  
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

Signature of 3 or printed name of registered agent and title in full block

(NOTE: Registered Agent signature required when re-instating)

DATE

*[Signature]*

**2/16/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>HENWOOD, STEPHEN E</b>	
STREET ADDRESS	<b>16145 87TH LANE EN.</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL 33470</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHOOLEY, OSWALD S</b>	
STREET ADDRESS	<b>1915 LAUREL LN</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANGEVINE, JOHN A</b>	
STREET ADDRESS	<b>16140 TRAFALGAR DRIVE E.</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE FL 33470-4040</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHURCH, TIMOTHY D</b>	
STREET ADDRESS	<b>9200 FOUNTAIN ROAD</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467-4736</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, JAMES R</b>	
STREET ADDRESS	<b>5868 WESTFALL ROAD</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
1.2 NAME	<b>JOHN ALBERT ANGEVINE</b>
1.3 STREET ADDRESS	<b>16140 TRAFALGAR DR E</b>
1.4 CITY-ST-ZIP	<b>LOXAHATCHEE FL 33470-4040</b>
2.1 TITLE	<b>SENIOR WARDEN (D)</b>
2.2 NAME	<b>TIMOTHY DEAN CHURCH</b>
2.3 STREET ADDRESS	<b>5694 LIME ROAD</b>
2.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL 33413-18</b>
3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
3.2 NAME	<b>PHILLIP JOHN GRIFFITH</b>
3.3 STREET ADDRESS	<b>13132 PERSIMMON BLVD</b>
3.4 CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>
4.1 TITLE	<b>TREASURER (D)</b>
4.2 NAME	<b>JAMES RICHARD DAVIS</b>
4.3 STREET ADDRESS	<b>5868 WESTFALL ROAD</b>
4.4 CITY-ST-ZIP	<b>LAKE WORTH FL 33463-6731</b>
5.1 TITLE	<b>SECRETARY (D)</b>
5.2 NAME	<b>OSWALD SAMUEL SCHOOLEY</b>
5.3 STREET ADDRESS	<b>1915 LAUREL LN</b>
5.4 CITY-ST-ZIP	<b>WEST PALM BEACH FL 33406-6745</b>
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 is voluntarily furnished and does not 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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-96**

Date

**904-354-2339**

Daytime Phone #

CR2E037 (12/95)