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Mar 24 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 # C10172 (0)

1. Corporation Name: WELLINGTON LODGE NO. 387 FREE AND ACCEPTED MASON S OF FLORIDA



Principal Place of Business: C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202

Mailing Address: C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified: 06/30/1992

3a. Date of Last Report: 04/02/1996

4. FEI Number: 65-0132697

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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: *[Signature]* DATE: 2-3-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	WORSHIPFUL MASTER D
NAME	ANGEVINE, JOHN A	1.2 NAME	Timothy Dean Church
STREET ADDRESS	16140 TRAFALGAR DR E	1.3 STREET ADDRESS	9200 Fountain Rd
CITY-ST-ZIP	LOXAHATCHEE SL 33470-4040	1.4 CITY-ST-ZIP	Lake Worth FL 33467-4736
TITLE	D	2.1 TITLE	SENIOR WARDEN D
NAME	CHURCH, TIMOTHY D	2.2 NAME	Phillip John Griffith
STREET ADDRESS	5694 LIME ROAD	2.3 STREET ADDRESS	13132 Persimmon Blvd
CITY-ST-ZIP	WEST PALM BEACH FL 33413	2.4 CITY-ST-ZIP	Royal Palm Beach FL 33411
TITLE	D	3.1 TITLE	JUNIOR WARDEN D
NAME	GRIFFITH, PHILLIP J	3.2 NAME	Shawn Patrick Hinman
STREET ADDRESS	13132 PERSIMMON BLVD	3.3 STREET ADDRESS	2075 Polo Gardens Dr #304
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	3.4 CITY-ST-ZIP	West Palm Beach FL 33414
TITLE	DT	4.1 TITLE	TREASURER D
NAME	DAVIS, JAMES R	4.2 NAME	James Richard Davis
STREET ADDRESS	5868 WESTFALL ROAD	4.3 STREET ADDRESS	5868 Westfall Road
CITY-ST-ZIP	LAKE WORTH FL 33463-6731	4.4 CITY-ST-ZIP	Lake Worth Fl 33463-6731
TITLE	DS	5.1 TITLE	SECRETARY D
NAME	SCHOOLEY, OSWALD S	5.2 NAME	Oswald Samuel Schooley
STREET ADDRESS	1915 LAUREL LN	5.3 STREET ADDRESS	1915 Laurel Ln
CITY-ST-ZIP	WEST PALM BEACH FL 33406-6745	5.4 CITY-ST-ZIP	West Palm Beach Fl 33406-6745
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: 2-18-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* DATE: 2-18-97

561-967-8645

CRZEUS7 (9/96)