

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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 ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202**

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



|                                |                        |                     |                 |
|--------------------------------|------------------------|---------------------|-----------------|
| 2. Principal Place of Business |                        | 2a. Mailing Address |                 |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 22 City & State     | 27 City & State |
| 23 Zip                         | 28 Zip                 | 25 Country          | 30 Country      |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/30/1992</b>   |  |
| 4. FEI Number<br><b>65-0132697</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent                            |  |
| <b>SHEPPARD, ROY CONNOR<br/>220 OCEAN STREET<br/>JACKSONVILLE FL 32202</b> |  |

|   |                           |
|---|---------------------------|
| 10. Name and Address of New Registered Agent          |                           |
| 81 Name   |                           |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>200002456068</b>       |
| 83  | <b>04/13/98 01018-026</b> |
| 84 City   | <b>***5083.75</b>         |
| 85 Zip Code   | <b>FL</b>                 |

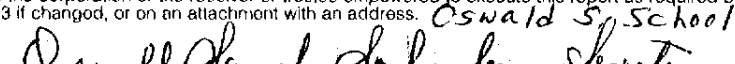
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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**

| 12. OFFICERS AND DIRECTORS |                                  |
|----------------------------|----------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       | <b>CHURCH, TIMOTHY DEAN</b>      |
| STREET ADDRESS             | <b>9200 FOUNTAIN RD</b>          |
| CITY-ST-ZIP                | <b>LAKE WORTH FL</b>             |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       | <b>GRIFFITH, PHILLIP JOHN</b>    |
| STREET ADDRESS             | <b>13132 PERSIMMON BLVD</b>      |
| CITY-ST-ZIP                | <b>ROYAL PALM BCH FL</b>         |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       | <b>HINMAN, SHAWN PATRICK</b>     |
| STREET ADDRESS             | <b>2075 POLO GARDENS DR #304</b> |
| CITY-ST-ZIP                | <b>W PALM BCH FL</b>             |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       | <b>DAVIS, JAMES RICHARD</b>      |
| STREET ADDRESS             | <b>5868 WESTFALL RD</b>          |
| CITY-ST-ZIP                | <b>LAKE WORTH FL</b>             |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       | <b>SCHOOLEY, OSWALD SAMUEL</b>   |
| STREET ADDRESS             | <b>1915 LAUREL LANE</b>          |
| CITY-ST-ZIP                | <b>W PLAM BCH FL</b>             |
| TITLE                      | <input type="checkbox"/> DELETE  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <b>WORSHIPFUL MASTER (D) X</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| 1.2 NAME  | <b>Shawn Patrick Hinman</b>  |
| 1.3 STREET ADDRESS                                    | <b>2110 Polo Gardens Dr #104</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>Wellington FL 33414</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| 2.1 TITLE   | <b>SECRETARY (D)</b>   |
| 2.2 NAME  | <b>Oswald Samuel Schooley</b>  |
| 2.3 STREET ADDRESS                                    | <b>1915 Laurel Ln</b>  |
| 2.4 CITY-ST-ZIP                                       | <b>West Palm Beach Fl 33406-6745</b> <input type="checkbox"/> Addition                                     |
| 3.1 TITLE   | <b>SENIOR WARDEN (D) X</b>   |
| 3.2 NAME  | <b>Gary George Robeson</b>   |
| 3.3 STREET ADDRESS                                    | <b>5179 Rosen</b>  |
| 3.4 CITY-ST-ZIP                                       | <b>Boynton Beach Fl 33437</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE   | <b>JUNIOR WARDEN (D)</b>   |
| 4.2 NAME  | <b>Armando Serafin Trujillo</b>  |
| 4.3 STREET ADDRESS                                    | <b>3815 Woods Walk Blvd</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 4.4 CITY-ST-ZIP                                       | <b>Lake Worth FL 33467</b>   |
| 5.1 TITLE   | <b>TREASURER (D)</b>   |
| 5.2 NAME  | <b>James Richard Davis</b>   |
| 5.3 STREET ADDRESS                                    | <b>5868 Westfall Road</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| 5.4 CITY-ST-ZIP                                       | <b>Lake Worth Fl 33463-6731</b>  |
| 6.1 TITLE   |  |
| 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 if changed, or on an attachment with an address. **Oswald S. Schooley**

SIGNATURE:  DATE: **3-5-98** FILE NO: **111812-8145**

CR2E037 (10/97)