

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90161 001 *5,083.75

DOCUMENT # C10172

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



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

06/30/1992

4. FEI Number

65-0132697

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	SWD			<input checked="" type="checkbox"/>
	ROBESON, GARY GEORGE	5179 ROSEN	BOYNTON BEACH FL 33437	
	JWD			<input checked="" type="checkbox"/>
	SERAFIN TRUJILLO, ARMANDO	3815 WOODS WALK BLVD	LAKE WORTH FL 33467	
	WMD			<input checked="" type="checkbox"/>
	HINMAN, SHAWN PATRICK	2110 POLO GARDENS DR #104	WELLINGTON FL 33414	
	TD			<input type="checkbox"/>
	DAVIS, JAMES RICHARD	5868 WESTFALL RD	LAKE WORTH FL 33463-6731	
	SD			<input type="checkbox"/>
	SCHCOLEY, OSWALD SAMUEL	1915 LAUREL LANE	W PLAM BCH FL 33406-6745	
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5
WORSHIPFUL MASTER	(D) X			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Gary George Robeson		5179 ROSEN	BOYNTON BEACH FL 33437	
SENIOR WARDEN	(D) X			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Scott Francis Thompson		1994 S E CHELTENHAM ST	PORT ST LUCIE FL 34983-4604	
JUNIOR WARDEN	(D) X			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Michael Harry Grace III		424 Westwood Circle	West Palm Beach FL 33411	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)