FIL	Ε.	NOW:	FILING	FEE IS	\$61.25
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NONPROFIT . CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

C10185

(2)

BYKOTA LODGE NO. 333 FREE AND ACCEPTED MASONS OF **FLORIDA**

Principal Place of Business C/O WILLIAM & WOLF - Mailing Address

C/O WILLIAM & WOLF



220 OCEAN ST.			220 OCEAN ST.					
JACKSONVILLE FL 32202			JACKSONVILLE FL 32202				 Date Incorporated or Qualified 06/30/1992 	3a. Date of Last Report 03/21/1995
2. Principal Pla 21 Kov	of Busine	ss Shengard	2a. Mailing Addre	on nor	her	gard	4. FEI Number 23-7526549	Applied For Not Applicable
Suite, Apt. i	#, etc.	' //	Suite Apt. #,	etc.	V	7	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	1	Country 25	Zip	30	Country		This corporation has liability for int Florida Statutes	angible tax under s. 199.032, Yes No
24		and Address of Current	11	[30]			10. Name and Address of New Reg	
	o, italie	Zila Addition of Content	registored Agent		Bi	Name	10. 144110 4110 1144 1144	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A) (EDD.)	DD DOV 6	ALIMAN			- Name			
	RD, ROY (82 Street Address (P.O. Box Number is Not Acceptable)			
	ean Strei				-04/15/0601020039			
JACKSC	NVILLE FL	32202			63		***1286.25	
					84	City		FL 85 Zip Code
11. Pursuant t	to the provision	ons of Sections 617,0502 a	nd 617.1508, Florida	a Statutes, the	above-r	named cor	poration submits this statement for the purpo	ose of changing its registered office
or register familiar wit	ed agent or th, and acce	both, in the State of Florida at the Joliantions of, Section	i. Such change was a n 61 2 0503 Florida S	authorized by ti Statut <u>s</u> e.	ne corp	oration's t	poration storms this statement for the purple poard of directors. Thereby accept the appoin	ntment as registered agent. I am
SIGNATURE	()\	. ("	Men				2//6/96	5
	Signatu, µed	r inited name of registered agent ar	d title if applicable.	(NON: Regis	teren Ager	t signature re-	quired when renistating:	DATE.
12.		OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	WMD		DELE	ETE 1	A TITLE		WORSHIPFUL MASTER	(0)
NAME	WEITKA	MP, JAMES G		1	.2 NAME	1	RAYMOND IVY MOSLE	v
STREET ADDRESS	6891 N. CALUMET CIR			1	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		6230 GUN CLUB ROAL	
CiTY-ST-ZiP	LAKE W	LAKE WORTH FL 33467-7018					WEST PALM BCH FL 33415-2437	
TITLE	SD		□DELI	ETE 2	1 TITLE		WEST PALM BUT FL	33413 2401
NAME	TAYLOF	, BILLY M		2	2 NAME	,	SENIOR WARDEN	(D)
STREET ADDRESS	5343 S/	undhurst cir n			2.3 STREET ADDRESS		EDWARD GENE HANDY	
CITY-ST-ZIP	LAKE W	ORTH FL			4 CiTY	ST-ZIP	928 DOGWOOD RD.	
TITLE	SWD		□ DELI	ETE 3	1 TITLE		WEST PALM BEACH FL	_ 33409-48
NAME	MOSLE	y, raymond i		3	.2 NAME			•
STREET ADDRESS		UN CLUB ROAD		3	1.3 STREET	ADDRESS	JUNIOR WARDEN	(D)
CITY-ST-ZIP	WEST F	ALM BEACH FL 33415			.4 CITY-	ST-ZIP	LEONARD THOMAS VOL	.PE
TITLE	JWD		□ DELI	ETE 4	I.1 TITLE		9353 PINION DR	
NAME	HANDY	EDWARD G		4	I. 2 NAME		LAKE WORTH FL 3346	7-1031
STREET ADDRESS	928 DO	GWOOD RD.		4	1.3 STREET	ADDRESS	TOE LOUGEO	
CITY-ST-ZIP	WEST F	PALM BEACH FL 33409			I.4 CITY - S	T- 71P	TREASURER	(D)
TITLE	TD		□ DEL	ETE 6	5.1 TITLE	Ļ	<u> </u>	
NAME	,	FRANK-K-IB,			2 NAME		RICHARD L. ADA	พร
STREET ADDRESS		IGLER WAY-S-			3 STREE	ADDRESS •	LAKE WORTH	MER SKY LANE
CITY-ST-ZIP	-WEST I	ALM BEACH FL			5 4 CITY - S	ST-ZIP	SECRETARY WORTH	156 33462
TITLE			DEL	ETE 4	S 1 TITLE	-		
NAME				l 1	5.2 NAME		BILLY MASON TAYLO	
STREET ADDRESS	ļ				3.3 STREE	ADDRESS	5343 SANDHURST CI	• • • •
CITY-ST-ZIP	<u>L</u>			!	5.4 CITY - 5	ST-ZIP	LAKE WORTH FL 334	63-5809

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualcertify that the information indicated on this annual report or supplemental annual report is true and accurate and unactify signature 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 13 or Block 13 or on an attachment with an address.

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR