

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 # C10193 (6)

1. Corporation Name

LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

C/O WILLIAM B WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

C/O WILLIAM B WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 *Roy Connor Sheppard*

26 *Roy Connor Sheppard*

4. FEI Number
59-2264867

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

25 Country

29 Zip

30 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 CONNER
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **400001773074**

84 City

****1960.00**

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 617.1503, Florida Statutes.

SIGNATURE

Roy Connor Sheppard

(NOTE: Registered Agent signature required when record filed)

2/16/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, LEWIS HOUSER	
STREET ADDRESS	P.O. BOX 4088	
CITY-ST-ZIP	ENTERPRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, CHARLES RICHAR	
STREET ADDRESS	1332 HARTLEY AVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAUCEDO, JOSE	
STREET ADDRESS	1096 CLINGING VINE PLACE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARY, PHILIP PAUL	
STREET ADDRESS	3093 SKY ST.	
CITY-ST-ZIP	DELTONA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRANKEWICZ, LEONARD A	
STREET ADDRESS	1015 DAWSON DR	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	WORSHIPFUL MASTER (D)
1.2 NAME	JOSE SAUCEDO
1.3 STREET ADDRESS	1096 CLINGING VINE PLACE
1.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708-5066
2.1 TITLE	SENIOR WARDEN (D)
2.2 NAME	PHILIP PAUL HART
2.3 STREET ADDRESS	313 BONITA ROAD WOODBOUN
2.4 CITY-ST-ZIP	DEBARY FL 32713-3172
3.1 TITLE	JUNIOR WARDEN (D)
3.2 NAME	JAMES ALLAN NASH
3.3 STREET ADDRESS	266-A DIAMOND ST
3.4 CITY-ST-ZIP	DELTONA FL 32725
4.1 TITLE	TREASURER (D)
4.2 NAME	LEONARD ALEXANDER FRANKEWICZ
4.3 STREET ADDRESS	1015 DAWSON DR
4.4 CITY-ST-ZIP	DELTONA FL 32725-6916
5.1 TITLE	SECRETARY (D)
5.2 NAME	CHARLES RICHARD MCCARTHY
5.3 STREET ADDRESS	1332 HARTLEY AVE
5.4 CITY-ST-ZIP	DELTONA FL 32725-5608
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 qualify for the protection of the Uniformed Services Union's Health Care Act. I also 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Saucedo

5/18/96

904-354-2339

CS 4/18/96

UNREVISED (12/95)