

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**FILED**

98 MAR 25 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # C10193 (6)

1. Corporation Name

LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS OF FLORIDA



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

3. Date Incorporated or Qualified  
06/30/1992

4. FEI Number Applied For  
59-2264867 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNER  
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)  
200002469522--1  
83 -03/26/98--01084--001  
84 City \*\*\*5083.75 \*\*\*\*\*61.25  
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 617.003, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 2-13-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, PHILIP P	
STREET ADDRESS	313 BONITA ROAD WOODBOUND	
CITY-ST-ZIP	DEBRAY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, CHARLES RICHA	
STREET ADDRESS	1332 HARTLEY AVE	
CITY-ST-ZIP	DELTONA FL	
TITLE	WMD	<input type="checkbox"/> DELETE
NAME	SAUCEDO, JOSE	
STREET ADDRESS	1098 CLINGING VINE PLACE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NASH, JAMES A	
STREET ADDRESS	1334 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL 27	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRANKIEWICZ, LEONARD A	
STREET ADDRESS	1015 DAWSON DR	
CITY-ST-ZIP	DELTONA FL 18	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SITES, GEORGE F	
STREET ADDRESS	1468 E LOMBARDY DR	
CITY-ST-ZIP	DELTONA FL 18	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Allan Nash	
1.3 STREET ADDRESS	166 Forest Lane	
1.4 CITY-ST-ZIP	DeBary FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George Frank Sites	
2.3 STREET ADDRESS	PO Box 5477 N/A	
2.4 CITY-ST-ZIP	Deltona FL 32728-5477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jerry Michael Edwards	
3.3 STREET ADDRESS	295 Brooklyn Avenue	
3.4 CITY-ST-ZIP	Orange City FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Allan Dowling	
4.3 STREET ADDRESS	162 Wildwood Drive	
4.4 CITY-ST-ZIP	DeBary FL 32713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TREASURER (D)	<input type="checkbox"/> Addition
5.2 NAME	Leonard Alexander Frankewicz	
5.3 STREET ADDRESS	1015 Dawson Dr	
5.4 CITY-ST-ZIP	Deltona FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption status... at 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: *[Signature]* 904-354-2339

CFR2E037 (1097)