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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90112 001 \*4,838.75

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10193**

1. Corporation Name  
**LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>06/30/1992</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2264867</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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			
				84	City	FL	85

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]* N/A DATE: *[Signature]* N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SWD	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JERRY M	1.2 NAME	Jerry Michael Edwards
STREET ADDRESS	295 BROOKLYN AVE	1.3 STREET ADDRESS	295 Brooklyn Avenue
CITY-ST-ZIP	ORANGE CITY FL 32763	1.4 CITY-ST-ZIP	Orange City FL 32763
TITLE	JWD	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWLING, RICHARD A	2.2 NAME	Bernard Cavanaugh Schlenk
STREET ADDRESS	162 WILDWOOD DRIVE	2.3 STREET ADDRESS	1075 E Graves Ave
CITY-ST-ZIP	DEBARY FL 32713	2.4 CITY-ST-ZIP	Orange City FL 32763-5311
TITLE	WMD	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, JAMES A	3.2 NAME	Virgil Sherell Williams
STREET ADDRESS	186 FOREST LANE	3.3 STREET ADDRESS	959 Halstead St.
CITY-ST-ZIP	DEBARY FL 32713	3.4 CITY-ST-ZIP	Deltona FL 32725-5748
TITLE	TD	4.1 TITLE	
NAME	FRANKWICZ, LEONARD A	4.2 NAME	
STREET ADDRESS	1015 DAWSON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	SITES, GEORGE F	5.2 NAME	
STREET ADDRESS	PO BOX 5477, N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32728-5477	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *3/11/99* DAYTIME PHONE: *407-574-2400*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037\_(11/98)