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 # C10203 (3)

1. Corporation Name

INGLIS LODGE NO. 324 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ~~WILLIAM O. WOLF~~ 220 OCEAN ST. JACKSONVILLE FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202

2. Principal Place of Business 21 Roy Connor Sheppard	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 08/08/1995
4. FEI Number 23-7526542	☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

800001765248
-04/02/96--01061--001
***5083.75

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 Roy Connor Sheppard 2/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD	☐ DELETE	1.1 TITLE: WORSHIPFUL MASTER (D)
NAME	BARNES, BOBBY J		1.2 NAME: ANDREW MARTIN BARNES
STREET ADDRESS	PO BOX 398 N/A		1.3 STREET ADDRESS: 3735 E. TURQUOISE DR.
CITY-ST-ZIP	INGLIS FL 34449-0398		1.4 CITY-ST-ZIP: HERNANDO FL 34442-3991
TITLE	SWD	☐ DELETE	2.1 TITLE: SENIOR WARDEN (D)
NAME	BARNES, ANDREW M		2.2 NAME: CHESTER NORTON MUSGRAVE
STREET ADDRESS	3735 E. TURQUOISE DR.		2.3 STREET ADDRESS: 26 HUMMINGBIRD DR
CITY-ST-ZIP	HERNANDO FL 34442-3991		2.4 CITY-ST-ZIP: INGLIS FL 34449
TITLE	JWD	☐ DELETE	3.1 TITLE: JUNIOR WARDEN (D)
NAME	MUSGRAVE, CHESTER N.		3.2 NAME: RODNEY ERIC PHELPS
STREET ADDRESS	26 HUMMINGBIRD DR.		3.3 STREET ADDRESS: 408 MORSE ST
CITY-ST-ZIP	INGLIS FL 34449		3.4 CITY-ST-ZIP: INVERNESS FL 34452
TITLE	TD	☐ DELETE	4.1 TITLE: TREASURER (D)
NAME	WALKER, JAMES M		4.2 NAME: RICHARD K IVES
STREET ADDRESS	P.O. BOX 244 N/A		4.3 STREET ADDRESS: 48 DIXON AVE
CITY-ST-ZIP	INGLIS FL 34449		4.4 CITY-ST-ZIP: INGLIS FL 34449-9731
TITLE	SD	☐ DELETE	5.1 TITLE: SECRETARY (D)
NAME	IVES, RICHARD K JR		5.2 NAME: BOBBY JOE BARNES
STREET ADDRESS	P.O. BOX 886 N/A		5.3 STREET ADDRESS: P.O. BOX 398 N/A
CITY-ST-ZIP	INGLIS FL 34449		5.4 CITY-ST-ZIP: INGLIS FL 34449-0398
TITLE		☐ DELETE	6.1 TITLE:
NAME			6.2 NAME:
STREET ADDRESS			6.3 STREET ADDRESS:
CITY-ST-ZIP			6.4 CITY-ST-ZIP:

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption relating to Social Security Numbers (Chapter 119, Florida Statutes); that I 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 BOBBY J. BARNES Bobby J Barnes 3/11/96 4475267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-2-1996