FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

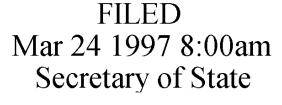
DOCUMENT # C10203

(3)

INGLIS LODGE NO. 324 FREE AND ACCEPTED MASONS OF **FLORIDA**

Principal Place of Business

Mailing Address





ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202		ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202-3218			3. Date Incorporated or Qualified 06/30/1992	3a. Da	te of 1	ast Report		
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number	-1		Applied For	
21		26				23-7526542			Not Applicable	
Suite, Apt 22		Suite, Apt. #, etc.				5. Certificate of Status Desired			.75 Additional ee Required	
City & Stat 23		City & State				Election Campaign Financing Trust Fund Contribution			5.00 May Be dded to Fees	
Ζιρ 24	25 29 30					This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	Agent		
]1	B1	Name					
SHEPPARD, ROY CONNOR 220 OCEAN STREET			1	82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
	IVILLE FL 32202		[·	B3						
			1	B4	City	oration submits this statement for the pion's board of directors. I hereby acception	FL	85	Zip Code	
12. TILE	Stp. are Uped or printed name of registered a OFFICERS ALL	ND DIRECTORS	13.		₩	ed when reinstating) I ADDITIONS/CHANGES TO OFFICE OR SHIPFUL MASTER	ERS AND	DIRE	CTORS IN 12	
	Y			F	— ₩	ORSHIPFUL MASTER	D D	ואוטיי	CTORS IN 12	
NAM:	BARNES, ANDREW M		1.2 NA	۸E		ector R Cook				
STREET ADDRESS	3735 E. TURQOUISE DR.		1,3 STR	RET		725 S Suncastle E		#34	ļ	
Cify-S1-ZiP	HERNANDO FL 34442-3991		1.4 CIT	*		IOMOSOSSO FL 34448 ENIOR WARDEN				
TITLE	SWD	☐ DELETE	2.1 TITL		J	odney Eric Phelps	D			
NAME	MUSGRAVE, CHESTER N		2.2 NAM		A C	08 Morse St				
STREET ADDRESS	26 HUMMINGBIRD DR.				ADDHESS T +	nverness F1 34452				
CHY-ST-7FF	INGLIS FL 34449	DELETE	2. 4 CIT		51-2IP	UNIOR WARDEN 1	>			
NAME	PHELPS, RODNEY E		3 2 NAM		W	illiam Jacob Furz	e Jr			
STREET ADDRESS	408 MORSE ST.		3 3 STR	EE Y	ADDRESS P	0 Box 52 N/A				
CITY+ST-ZIP	INVERNESS FL 34452		3.4. CtT	Y-S	ST-ZIP I	nglis F1 34449-00	52			
THLE	TD	☐ DELETE	4.1 TITL	.E	TI	REASURER D				
NAME	IVES, RICHARD K		4. 2 NA		F	ichard K Ives				
STREET ADDRESS	48 DIXON AVE.					B Dixon Ave				
DITY-ST-ZIP				4.4 CITY-ST-ZIP I 1		nglis Fl 34449-97	31			
NAME	SD Barnes, Bobby J		5.1 HIL 5.2 NA			ECRETARY D				
STREET ADDRESS	P.O. BOX 398 N/A		1			obby Joe Barnes .O. Box 398 <i>N/A</i>				
CITY ST-ZIF	INGLIS FL 34449-0398		5.4 CIT			.U. BOX 376 /// nglii FL 34449-03	O C			
TITLE	11300 12 01110 0000	DELETE	6.1 TUT			HÄTIT LE DAAALLEY				
NAME			6.2 NAM	ΛE	1					
STREET ADDRESS			6.3 STR	EET	ADDRESS					
1	1									

14. I do 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 oddress.