

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90303 001 *1,225.00

DOCUMENT # C10219

1. Corporation Name

HIGH TWELVE LODGE NO. 317 FREE AND ACCEPTED MASO
NS 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7526537

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

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

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

N/A

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE WMD
NAME HAROLD GEORGE QUINLAN
STREET ADDRESS 3211 SWANN AVE #203
CITY-ST-ZIP TAMPA FL 33609 ☒ DELETE

TITLE SD
NAME KEITH WILLIAM DEAN
STREET ADDRESS P.O. BOX 4500 (N/A)
CITY-ST-ZIP TAMPA FL 33677-4500 ☐ DELETE

TITLE D
NAME CLAUDIO POCCIA
STREET ADDRESS 4746 W ANITA BLVD
CITY-ST-ZIP TAMPA FL 33611-1118 ☐ DELETE

TITLE D
NAME S. GILBERT WEISMAN
STREET ADDRESS 11504 COUNTRY OAKS
CITY-ST-ZIP TAMPA FL 33624 ☐ DELETE

TITLE TD
NAME JULIUS BRUCE MOORE
STREET ADDRESS 9508 TAMPA ST
CITY-ST-ZIP TAMPA FL 33612 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition
1.2 NAME Timothy Scott Dean
1.3 STREET ADDRESS 9310 E 18th St N
1.4 CITY-ST-ZIP Tampa FL 33612-8614

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: X Keith W. Dean, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99 (813) 879-4133

Date

Daytime Phone #

CR2E037 (11/98)