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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # C10233

1. Corporation Name

BUNNELL LODGE NO. 200 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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/30/1992

21 Suite, Apt. #., etc.

26 Suite, Apt. #., etc.

4. FEI Number

23-7526455

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
 220 OCEAN STREET
 JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: SD DELETE
 NAME: JOHNSTON, WILLIAM ROBERT
 STREET ADDRESS: 2244 S DAYTONA AVE
 CITY-ST-ZIP: FLGLER BEACH FL 32136-4032

1.1 TITLE: WORSHIPFUL MASTER (D) Addition
 1.2 NAME: Lawrence Anson Drake
 1.3 STREET ADDRESS: 201 Cumberland Ave.
 1.4 CITY-ST-ZIP: Ormond Beach Fl 32174-5247

TITLE: WMD DELETE
 NAME: HAMPTON TIDWELL, WILLIAM
 STREET ADDRESS: 2235 NORTH A1A
 CITY-ST-ZIP: FLGLER BEACH FL 32136

2.1 TITLE: SENIOR WARDEN (D) Addition
 2.2 NAME: David Robert Wesser
 2.3 STREET ADDRESS: 11 Avalon Terrace
 2.4 CITY-ST-ZIP: Palm Coast FL 32137

TITLE: SWD DELETE
 NAME: DRAKE, LAWRENCE ANSON
 STREET ADDRESS: 201 CUMBERLAND AVE
 CITY-ST-ZIP: ORMOND BEACH FL 32174-5247

3.1 TITLE: JUNIOR WARDEN (D) Change Addition
 3.2 NAME: Joseph Frank Kowalsky
 3.3 STREET ADDRESS: Po Box 2393 N/A
 3.4 CITY-ST-ZIP: Bunnell Fl 32110-2393

TITLE: JWD DELETE
 NAME: WESSER, DAVID ROBERT
 STREET ADDRESS: 11 AVALON TERRACE
 CITY-ST-ZIP: PALM COAST FL 32137

4.1 TITLE: TREASURER (D) Change Addition
 4.2 NAME: James Hobart Wright
 4.3 STREET ADDRESS: P.O. Box 350802 N/A
 4.4 CITY-ST-ZIP: Palm Coast Fl 32135-0802

TITLE: TD DELETE
 NAME: COHEN, RICHARD ASA
 STREET ADDRESS: 6 CHESNEY COURT
 CITY-ST-ZIP: PALM COAST FL 32137-8356

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

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 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]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-99 904-439-0798
 Date Daytime Phone #

CR2E037 (11/98)