

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10241 (3)

1. Corporation Name
**THE BUILDERS LODGE NO. 376 FREE AND ACCEPTED MAS
ONS OF FLORIDA**



Principal Place of Business Mailing Address
**C/O WILLIAM G WOLF
220 OCEAN ST
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **03/21/1995**

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

4. FEI Number **59-1760809** 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

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
**100001766471
-04702796--01061--001
***5083.75**
83 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 *[Signature]*
Signature of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE **2/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD <input type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D)
NAME	CROSS, AUBREY E JR.	1.2 NAME	PAUL WILKE
STREET ADDRESS	1075 GREYSTONE LANE	1.3 STREET ADDRESS	2121 MCCLELLAND PARKWAY
CITY-ST-ZIP	SARASOTA FL 34232-2165	1.4 CITY-ST-ZIP	SARASOTA FL 34239-3710
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D)
NAME	SOTO, FREDRICK E JR.	2.2 NAME	JOHN LEO WILLIAMS
STREET ADDRESS	2650 SOUTH TAMiami TRAIL	2.3 STREET ADDRESS	2833 VALLEY FORGE ST
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	SWD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D)
NAME	WILLIAMS, JOHN L	3.2 NAME	MARTIN ALANZIO WELKER
STREET ADDRESS	2833 VALLEY FORGE STREET	3.3 STREET ADDRESS	2637 JAMAICA ST.
CITY-ST-ZIP	SARASOTA FL 34231	3.4 CITY-ST-ZIP	SARASOTA FL 34231-6412
TITLE	JWD <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER (D)
NAME	WILKE, PAUL	4.2 NAME	DERL B SMITH
STREET ADDRESS	212 MCCLELLAND PARKWAY	4.3 STREET ADDRESS	4552 ASHBERRY DR
CITY-ST-ZIP	SARASOTA FL 34239-3710	4.4 CITY-ST-ZIP	SARASOTA FL 34234
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	SECRETARY (D)
NAME	SMITH, DERL B	5.2 NAME	FREDERICK EARL SOTO JR
STREET ADDRESS	4552 ASHBERRY DR	5.3 STREET ADDRESS	2650 S TAMiami TRL
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/26/96**

DAYTIME PHONE # **941-953-3111**

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