

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

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
21 Roy Connor Sheppard
Suite, Apt. #, etc.

2a. Mailing Address
26 Roy Connor Sheppard
Suite, Apt. #, etc.

4. FEI Number
59-1760809

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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 ST
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100001766471

83

-04702796--01061--001

84 City

*****5083.75**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **WMD** ☐ DELETE
NAME **CROSS, AUBREY E JR.**
STREET ADDRESS **1075 GREYSTONE LANE**
CITY-ST-ZIP **SARASOTA FL 34232-2165**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)
PAUL WILKE
2121 MCCLELLAND PARKWAY
SARASOTA FL 34239-3710**

TITLE **SD** ☐ DELETE
NAME **SOTO, FREDRICK E JR.**
STREET ADDRESS **2650 SOUTH TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34239**

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

**SENIOR WARDEN (D)
JOHN LEO WILLIAMS
2833 VALLEY FORGE ST
SARASOTA FL 34231**

TITLE **SWD** ☐ DELETE
NAME **WILLIAMS, JOHN L**
STREET ADDRESS **2833 VALLEY FORGE STREET**
CITY-ST-ZIP **SARASOTA FL 34231**

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

**JUNIOR WARDEN (D)
MARTIN ALANZIO WELKER
2637 JAMAICA ST.
SARASOTA FL 34231-6412**

TITLE **JWD** ☐ DELETE
NAME **WILKE, PAUL**
STREET ADDRESS **212 MCCLELLAND PARKWAY**
CITY-ST-ZIP **SARASOTA FL 34239-3710**

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

**TREASURER (D)
DERL B SMITH
4552 ASHBERRY DR
SARASOTA FL 34234**

TITLE **TD** ☐ DELETE
NAME **SMITH, DERL B**
STREET ADDRESS **4552 ASHBERRY DR**
CITY-ST-ZIP **SARASOTA FL**

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

**SECRETARY (D)
FREDERICK EARL SOTO JR
2650 S TAMiami TRAIL
SARASOTA FL 34239**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

941-953-3111

Daytime Phone #

1-2795