## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

(3)

THE BUILDERS LODGE NO. 376 FREE AND ACCEPTED MAS

ONS OF FLORIDA							
Principal Place of Business		Mailing Address				1841 B1811 B184 B1841 B1841 <del>1</del> 881	
C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202		C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202			3. Date Incorporated or Qualified 06/30/1992		
NOVOCHAIRTE	, FL Seeve	JACKSUNVILLE IL SEEVE			4. FEI Number	Applied For	
					59-1760809	Not Applicable	
	2. Principal Place of Business 2e. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Be	
22		27	H '' '''		Trust Fund Contribution	Added to Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes	□ No	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the cu	_ · _ ·	
24	25 9. Name and Address of Curre	29 Ant Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No	
	A' Manie and Mediate & Anti-	III Mediatatan Marin	81	Name		Wann	
SHEPPA	SHEPPARD, ROY CONNOR						
220 OCEAN ST			82	Street	Address (P.O. Box Number Is Not Acceptable)		
	ONVILLE FL 32202		83				
			84	City	FL	85 Zip Code	
11 Pursuant	to the provisions of Sections 617.05	02 and 617 1508. Florida Statu	utes the abov	e-named		e changing its registered	
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 a trailiar mine and accept the obligations of, Section 617.0503, Florida Statutes.							
	m amuliar with and accept till ours	ations or, Section 617,0503, F	ioliga Statute	3.	2-13	-99	
SIGNATURE	Stonature, yped or printed name of registered ag	pericand little if applicable (NC	OTE: Registered Ag	ent signaturé	e required when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D WELVED MADTIN 4	DELETE	1.1 TITLE	1	WORSHIPFUL MASTER (D)	Change Addition	
NAME	WELKER, MARTIN A 2637 JAMAICA ST		1.2 NAME		David George Cladin	,	
STREET ADDRESS	SARASOTA FL 34231-8412			T ADDRESS	2169 Main Street		
CITY-ST-ZIP TITLE	SD SD	DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	· Sarasota F1 34237-6823	X Change	
NAME	SOTO, FREDRICK & JR.	ين مددند	2.1 HILE 2.2 NAME		CCOSCTIBU		
STREET ADDRESS	2650 SOUTH TAMIAMI TRAIL	ĺ		T ADDRESS	Frederick Earl Spto Jr		
CITY-ST-ZIP	SARASOTA FL 34239	•	2.4 CfTY -		PO Box 15371 NA		
TITLE	D	☐ DELETE	3.1 TITLE	31-¢ir	Sarasota F1 34239	Change Addition	
NAME	WILLIAMS, JOHN L		3.2 NAME			·	
STREET ADDRESS	2833 VALLEY FORGE STREE	ET	3.3 STREET	TADDRESS )	SENIOR WARDEN (D)	1	
CITY-ST-ZIP	SARASOTA FL 34231		3.4. CITY - 1		Arthur Thomas Stone		
TITLE	D	DELETE	4.1 TITLE		1131 5 Orange Ave	Xi Change	
NAME ·	WILKE, PAUL		4. 2 NAME	I	Sarasota Fl 34236-8428	<b>}</b>	
STREET ADDRESS -		Y	4.3 STREET	T ADDRESS	JUNIOR WARDEN (D)		
CITY-ST-ZIP	SARASOTA FL 34239-3710		4.4 DITY+S	5 <b>1 - ZIP</b>	Derl B Smith		
TITLE	TD DEED D	DELETE	5.1 TITLE		5694 Halifax Drive	Change	
NAME	SMITH, DERL B		5.2 NAME		5arasota FL 34233-3339	<i>t</i>	
STREET ADDRESS	4552 ASHBERRY DR			T ADDRESS			
CITY-ST-ZIP	SARASOTA FL	T No exe	5.4 CITY - S	it-ZIP	TREASURER (D)	Change Addition	
TITLE	ĺ	☐ DELETE	6.1 TITLE		John Leo Williams 2833 Valley Forge St	Change Addition	
NAME	1		6.2 NAME		Sarazota Fl 34231		
STREET ADDRESS	1		■ 6.3 STREE	ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption states in decided 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 a attachment with an address.

Frederick E. Soto, Tr.

SIGNATURE:

CITY-ST-ZIP

941-953-311

**FILED** 

Mar 31 1998 8:00am

Secretary of State