

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 # **C10243** (9)

1. Corporation Name

**EDWARD R. ROWE SR. LODGE NO. 374 FREE AND ACCEPT
ED MASONS 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

2a. Mailing Address

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

26 **Roy Connor Sheppard**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

59-1622530

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)

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

[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 **SUMMERS, WINKLE V**
STREET ADDRESS **1212 N.W. 21ST AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32609-3445**

TITLE **SD** ☐ DELETE
NAME **LEWIS, RALPH H**
STREET ADDRESS **1931 NW 34TH TERR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SWD** ☐ DELETE
NAME **SUMMERS, ALAN G**
STREET ADDRESS **1635 N.W. 16TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32605-4082**

TITLE **JWD** ☐ DELETE
NAME **NELSON, ELMER G**
STREET ADDRESS **9221 N.W. 10TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32606-5551**

TITLE **TD** ☐ DELETE
NAME **BAUGHMAN, SAMUEL N JR**
STREET ADDRESS **4217 NW 131ST TERR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

**WORSHIPFUL MASTER (D)
ALAN GRABLE SUMMERS
1635 N.W. 16TH AVE.
GAINESVILLE FL 32605-4082**

**SENIOR WARDEN (D)
ELMER GEORGE NELSON
9221 N.W. 10TH PLACE
GAINESVILLE FL 32653-5551**

**JUNIOR WARDEN (D)
JAMES EDWARD GRESHAM
4321 N.W. 33RD CT.
GAINESVILLE FL 32653-5938**

**TREASURER (D)
SAMUEL NATHAN BAUGHMAN JR
4217 N.W. 121ST TERR.
GAINESVILLE FL 32606-3646**

**SECRETARY (D)
RALPH HOWARD LEWIS
1931 N.W. 34TH TERR.
GAINESVILLE FL 32605-3642**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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]

Alan G. Summers

2/27/96

378-5288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)