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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # C10243**

1. Corporation Name

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

Principal Place of Business

ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1992

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

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, RICHARD WYNN	
STREET ADDRESS	1634 NE 18TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32609-3926	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELMER GEORGE NELSON	
STREET ADDRESS	9221 NW 10TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32653-5551	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	HANNA, TEDDY JOSEPH	
STREET ADDRESS	3009 SW ARCHER ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, THEODORE RAY	
STREET ADDRESS	1806 NW 10TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32609-3424	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, PETER ANDREW	
STREET ADDRESS	4038 NW 59TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32653-8360	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Teddy Joseph Hanna
1.3 STREET ADDRESS	3009 SW Archer Road
1.4 CITY-ST-ZIP	Gainesville FL 32608
2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ralph Howard Lewis
2.3 STREET ADDRESS	1931 N.W. 34th Terr.
2.4 CITY-ST-ZIP	Gainesville FL 32605-3642
3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ivan Floyd Chubb
3.3 STREET ADDRESS	P O Box 359 N/A
3.4 CITY-ST-ZIP	Williston FL 32696
4.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Samuel Nathan Baughman Jr
4.3 STREET ADDRESS	4217 N.W. 121st Terr.
4.4 CITY-ST-ZIP	Gainesville FL 32606-3646
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	

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 REQUIRED**  
Elmer G. Nelson Jr. Secretary

3/22/99

352-392-1701 x244

Date

Daytime Phone #

CR2E037 (11/98)