

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 # **C10269 (4)**

1. Corporation Name

MICANOPY LODGE NO. 29 FREE AND ACCEPTED 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
03/24/1995

2. Principal Place of Business

2a. Mailing Address

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

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

4. FEI Number

23-7526342

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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 617.0303, Florida Statutes.

SIGNATURE

[Signature]

2/16/96

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	KENNARD, HAROLD P	
STREET ADDRESS	4926 SW 47TH ST.	
CITY - ST - ZIP	GAINESVILLE FL 32608-4806	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	VAN ARNAM, RANKIN D	
STREET ADDRESS	RR 2 BOX 366	
CITY - ST - ZIP	MICANOPY FL 32667-0460	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	O'QUINN, JAMES H	
STREET ADDRESS	RT. 2 BOX 460	
CITY - ST - ZIP	MICANOPY FL 32667-0460	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCOLLUM, CARY G	
STREET ADDRESS	P.O. BOX 765 N/A	
CITY - ST - ZIP	ORANGE LAKE FL 32681	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODARD, RUSSELL D	
STREET ADDRESS	P.O. BOX 237 N/A	
CITY - ST - ZIP	MICANOPY FL 32667-0237	
TITLE		<input type="checkbox"/> 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)
RANKIN DOW VAN ARNAM
RR 2 BOX 366
MICANOPY FL 32667

SENIOR WARDEN (D)
JAMES HARRISON O'QUINN
RT 2 BOX 460
MICANOPY FL 32667-0460

JUNIOR WARDEN (D)
LEE CHARLES COLLIS
P. O. BOX 480 N/A
MCINTOSH FL 32664

TREASURER (D)
RUSSELL DANIEL WOODARD
PO BOX 237 N/A
MICANOPY FL 32667-0237

SECRETARY (D)
CARY GRANT MCCOLLUM
P.O. BOX 765 N/A
ORANGE LAKE FL 32681

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify as a false statement; 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

2-27-96 352-392-1161 x4204
Date Daytime Phone #

CR2E037 (12/95)