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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
23-7526342

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

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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 a major who, and accept the obligation of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

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 | MD | <input type="checkbox"/> DELETE |
| NAME | VAN ARNAM, RANKIN D | |
| STREET ADDRESS | RR 2 BOX 366 | |
| CITY - ST - ZIP | MICANOPY FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | O'QUINN, JAMES H | |
| STREET ADDRESS | RT. 2 BOX 460 | |
| CITY - ST - ZIP | MICANOPY FL | |
| 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 | D | <input type="checkbox"/> DELETE |
| NAME | COLLINS, LEE CHARLES | |
| STREET ADDRESS | P.O. BOX 480 N/A | |
| CITY - ST - ZIP | MCINTOSH FL 32664 | |

| | |
|---------------------|------------------------|
| 1.1 TITLE | WORSHIPFUL MASTER D |
| 1.2 NAME | Rankin Dow Van Arnam |
| 1.3 STREET ADDRESS | RR 2 Box 366 |
| 1.4 CITY - ST - ZIP | Micanopy Fl 32667 |
| 2.1 TITLE | SENIOR WARDEN D |
| 2.2 NAME | James Harrison O'Quinn |
| 2.3 STREET ADDRESS | Rt 2 Box 460 |
| 2.4 CITY - ST - ZIP | Micanopy Fl 32667-0460 |
| 3.1 TITLE | JUNIOR WARDEN D |
| 3.2 NAME | Lee Charles Collins |
| 3.3 STREET ADDRESS | P. O. Box 480 N/A |
| 3.4 CITY - ST - ZIP | McIntosh FL 32664 |
| 4.1 TITLE | TREASURER D |
| 4.2 NAME | Russell Daniel Woodard |
| 4.3 STREET ADDRESS | Po Box 237 N/A |
| 4.4 CITY - ST - ZIP | Micanopy Fl 32667-0237 |
| 5.1 TITLE | SECRETARY D |
| 5.2 NAME | Cary Grant McCollum |
| 5.3 STREET ADDRESS | P.O. Box 765 N/A |
| 5.4 CITY - ST - ZIP | Orange Lake Fl 32681 |
| 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 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.

SIGNATURE:

Cary McCollum, Cary McCollum

2-13-97

952591-2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone No. (area)

UNRECORDED