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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 O F 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 (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 06/30/1992
4. FEI Number: 23-7526342
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 (81-85):
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): 200002486182
83 City, State, Zip: -04/13/98--01018--026, ***5083.75, FL
84 City: _____ 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]* DATE: 2/13/98

12. OFFICERS AND DIRECTORS

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	OQUINN, JAMES H	
STREET ADDRESS	RT. 2 BOX 460	
CITY-ST-ZIP	MICANOPY FL 60	
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	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIS, LEE C	
STREET ADDRESS	P.O. BOX 480 N/A	
CITY-ST-ZIP	MCINTOSH FL	

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	James Harrison O'Quinn
1.3 STREET ADDRESS	Rt 2 Box 460
1.4 CITY-ST-ZIP	Micanopy Fl 32667-0460
2.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cary Grant McCollum
2.3 STREET ADDRESS	P O Box 460 N/A
2.4 CITY-ST-ZIP	Orange Lake Fl 32681-0460
3.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lee Charles Collins
3.3 STREET ADDRESS	P. O. Box 460 N/A
3.4 CITY-ST-ZIP	McIntosh FL 32664
4.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Michael Denmark
4.3 STREET ADDRESS	10408 S W 10Th Terr
4.4 CITY-ST-ZIP	Micanopy FL 32667
5.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Russell Daniel Woodard
5.3 STREET ADDRESS	Po Box 237 N/A
5.4 CITY-ST-ZIP	Micanopy Fl 32667-0237
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.

SIGNATURE: *[Signature]* DATE: 3/19/98 (P.S.) 330-2177

CR2E037 (10/97)