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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90111 001 *5,390.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10269

1. Corporation Name
MICANOPLY 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7526342
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 N/A (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE N/A)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	JWD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENMARK, MICHAEL	1.2 NAME	Lee Charles Collis
STREET ADDRESS	10408 SW 19TH TERR	1.3 STREET ADDRESS	P. O. Box 480 N/A
CITY-ST-ZIP	MICANOPLY FL 32667	1.4 CITY-ST-ZIP	McIntosh FL 32664
TITLE	WMD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON O'QUINN, JAMES	2.2 NAME	Michael Denmark
STREET ADDRESS	RT. 2 BOX 460	2.3 STREET ADDRESS	10408 S W 10TH TERR
CITY-ST-ZIP	MICANOPLY FL 32667-0460	2.4 CITY-ST-ZIP	Micanopy FL 32667
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, CARY GRANT	3.2 NAME	James L McDonald
STREET ADDRESS	P.O. BOX 460 N/A	3.3 STREET ADDRESS	923 W Orange
CITY-ST-ZIP	ORANGE LAKE FL 32681-0460	3.4 CITY-ST-ZIP	Lake City FL 32055
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	WOODARD, RUSSELL DANIEL	4.2 NAME	
STREET ADDRESS	P.O. BOX 237 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPLY FL 32667-0237	4.4 CITY-ST-ZIP	
TITLE	SWD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	COLLIS, LEE CHARLES	5.2 NAME	
STREET ADDRESS	P.O. BOX 480 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH FL 32664	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] SIGNATURE REQUIRED [Signature] 3/1/99 591-2026
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)