

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # C10271 (0)

1. Corporation Name

GREENVILLE LODGE NO. 28 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  
23-7526341

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

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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 STREET  
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400001779394  
-04/15/96-01020-039  
\*\*\*1286.25

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

(NOTE: Registered Agent signature required when registering.)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	SHERROD, JAMES Z JR	
STREET ADDRESS	P.O. BOX 596 N/A	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUTTO, DARROW E	
STREET ADDRESS	P.O. BOX 147 N/A	
CITY-ST-ZIP	GREENVILLE FL	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	SHERROD, HUBERT L JR	
STREET ADDRESS	P.O. BOX 294 N/A	
CITY-ST-ZIP	GREENVILLE FL 32331-0294	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	GINN, RICKEY G	
STREET ADDRESS	RR 3 BOX 31	
CITY-ST-ZIP	GREENVILLE FL 32331-9310	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHERROD, HUBERT L	
STREET ADDRESS	P.O. BOX 502 N/A	
CITY-ST-ZIP	GREENVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	WORSHIPFUL MASTER (D)
1.2 NAME	JAMES ZORN SHERROD
1.3 STREET ADDRESS	P.O. BOX 596 N/A
1.4 CITY-ST-ZIP	GREENVILLE FL 32331
2.1 TITLE	SENIOR WARDEN (D)
2.2 NAME	HUBERT LEE SHERROD JR
2.3 STREET ADDRESS	PO BOX 294 N/A
2.4 CITY-ST-ZIP	GREENVILLE FL 32331-0294
3.1 TITLE	JUNIOR WARDEN (D)
3.2 NAME	RICKEY GENE GINN
3.3 STREET ADDRESS	RR 3 BOX 31
3.4 CITY-ST-ZIP	GREENVILLE FL 32331-9310
4.1 TITLE	TREASURER (D)
4.2 NAME	HUBERT LEE SHERROD
4.3 STREET ADDRESS	PO BOX 502 N/A
4.4 CITY-ST-ZIP	GREENVILLE FL 32331-0502
5.1 TITLE	SECRETARY (D)
5.2 NAME	DARROW EARL HUTTO
5.3 STREET ADDRESS	PO BOX 147 N/A
5.4 CITY-ST-ZIP	GREENVILLE FL 32331-0147
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 is voluntarily furnished and does not guarantee 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: X *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Z Sherrod

03/15/96

904-354-2339

Daytime Phone #

05 4/14/96

CR2E037 (12/95)