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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 # C10271 (0)

1. Corporation Name

GREENVILLE LODGE NO. 28 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/14/1996
4. FEI Number 23-7526341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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: *[Signature]* DATE: **2-3-97**

12. OFFICERS AND DIRECTORS

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 502 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	James Zorn Sherrrod
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 Sherrrod 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 Sherrrod
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 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: **2/10/97** DAYTIME PHONE: **904948-2101**

CR2E037 (9/96)