

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAR 25 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified
06/30/1992

4. FEI Number **23-7526341** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
24	Zip	Country
25		
26		
27		
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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) 600002469666-2
83	City & State FL
84	Zip Code 32202

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	SHERROD, JAMES Z	
STREET ADDRESS	P.O. BOX 596 N/A	
CITY-ST-ZIP	GREENVILLE FL	
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	
CITY-ST-ZIP	GREENVILLE FL	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	GINN, RICHEY G	
STREET ADDRESS	RR 3 BOX 31	
CITY-ST-ZIP	GREENVILLE FL	
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) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fountain Calvin Cone Jr
1.3 STREET ADDRESS	Rt 4 Box 337
1.4 CITY-ST-ZIP	Perry Fl 32347-9461
2.1 TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Darrow Earl Hutto
2.3 STREET ADDRESS	PO Box 308 N/A
2.4 CITY-ST-ZIP	Greenville Fl 32331-0147 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	James Zorn Sherrod
3.3 STREET ADDRESS	P.O. Box 596 N/A
3.4 CITY-ST-ZIP	Greenville Fl 32331 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Thomas Ladelle Lamb
4.3 STREET ADDRESS	PO Box 396 N/A
4.4 CITY-ST-ZIP	Greenville Fl 32331-0634 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hubert Lee Sherrod
5.3 STREET ADDRESS	PO Box 502 N/A
5.4 CITY-ST-ZIP	Greenville Fl 32331-0502
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 **02/13/98**

CR2E037 (10/97)