

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10272

1. Corporation Name

EUSTIS LODGE NO. 85 FREE AND ACCEPTED MASONS OF
FLORIDA

Principal Place of Business

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

Mailing Address

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/30/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0826159
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	WMD	1.1 TITLE	WORSHIPFUL MASTER
NAME	GROVES, ANDREW HUGH	1.2 NAME	Leslie Paul Vaughn
STREET ADDRESS	34316 LAKELAND AVE	1.3 STREET ADDRESS	4219 Underpass
CITY-ST-ZIP	LEESBURG FL 34788	1.4 CITY-ST-ZIP	Marietta FL 34755 LEESBURG FL 34788
TITLE	SD	2.1 TITLE	SENIOR WARDEN
NAME	WOOD, GLENN LELAND	2.2 NAME	Morvin Kenneth Darity Sr
STREET ADDRESS	114 W. GOLF LINKS AVE	2.3 STREET ADDRESS	2370 West Highway 44
CITY-ST-ZIP	EUSTIS FL 32726-6116	2.4 CITY-ST-ZIP	EUSTIS FL 32726-6921
TITLE	SWD	3.1 TITLE	
NAME	VAUGHN, LESLIE PAUL	3.2 NAME	
STREET ADDRESS	4219 UNDERPASS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA FL 34753	3.4 CITY-ST-ZIP	
TITLE	JWD	4.1 TITLE	
NAME	KENNEDY DARITY, MARVIN SR	4.2 NAME	
STREET ADDRESS	2370 WEST HIGHWAY 44	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726-6921	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	VAUGHN, LEO	5.2 NAME	
STREET ADDRESS	1060 FOREST DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32778-3758	5.4 CITY-ST-ZIP	
TITLE		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 in an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/99 352-589-5829