

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 # **C10279** (3)

1. Corporation Name

**HIGHLAND CITY LODGE NO. 285 FREE AND ACCEPTED MA
SONS 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

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Roy Connor Sheppard**
Suite/Apt. #, etc.

26 **Roy Connor Sheppard**
Suite/Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

23-7526511

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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)

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 617.0502, Florida Statutes.

SIGNATURE

Roy Connor Sheppard
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE **WMD** ☐ DELETE
NAME **TOWERY, BILLY J**
STREET ADDRESS **4056 CEDAR AVE.**
CITY-ST-ZIP **HIGHLAND FL 33846-0141**

TITLE **SWD** ☐ DELETE
NAME **KRAMER, ARNOLD R**
STREET ADDRESS **163 BONNIE DR.**
CITY-ST-ZIP **AUBURNDALE FL 33823-2720**

TITLE **JWD** ☐ DELETE
NAME **BARHAM, LLOYD S**
STREET ADDRESS **4824 MARLA AVE.**
CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **TD** ☐ DELETE
NAME **COFFELT, RICHARD A JR**
STREET ADDRESS **10833 WOODBROOK C.R.**
CITY-ST-ZIP **LAKE LAND FL 33809-1170**

TITLE **SD** ☐ DELETE
NAME **BARLOWT, PIERCE B**
STREET ADDRESS **8911 CARROLWOOD**
CITY-ST-ZIP **LAKE LAND FL 32809-0064**

TITLE ☐ 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

ARNOLD RUDOLPH KRAMER

1.3 STREET ADDRESS

163 BONNIE DR

1.4 CITY-ST-ZIP

AUBURNDALE FL 33823-2720

2.1 TITLE

SENIOR WARDEN (D)

2.2 NAME

MONTE LEIGH BARHAM

2.3 STREET ADDRESS

3130 VALLEY HIGH DR.

2.4 CITY-ST-ZIP

LAKE LAND FL 33813-4162

3.1 TITLE

JUNIOR WARDEN (D)

3.2 NAME

LLOYD SCOTT BARHAM

3.3 STREET ADDRESS

4824 MARLA AVE.

3.4 CITY-ST-ZIP

LAKE LAND FL 33813

4.1 TITLE

TREASURER (D)

4.2 NAME

RICHARD ALLEN COFFELT JR

4.3 STREET ADDRESS

10833 WOODBROOK C.R.

4.4 CITY-ST-ZIP

LAKE LAND FL 33809-1170

5.1 TITLE

SECRETARY (D)

5.2 NAME

PIERCE BERT BARLOW

5.3 STREET ADDRESS

8911 CARROLWOOD

5.4 CITY-ST-ZIP

LAKE LAND FL 32809-0064

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 qualify for the exemption stated in Section 119.07(3)(k), 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:

Arnold R. Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

904-354-2339

Daytime Phone

CR2E037 (12/95)