

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10279** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US**

**ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202-3218  
US**



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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/30/1992**

3a. Date of Last Report

**03/08/1996**

4. FEI Number

**23-7526511**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**2-3-97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOWERY, BILLY J</b>	
STREET ADDRESS	<b>4058 CEDAR AVE.</b>	
CITY-ST-ZIP	<b>HIGHLAND FL 33848-0141</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>KRAMER, ARNOLD R</b>	
STREET ADDRESS	<b>163 BONNIE DR.</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARHAM, LLOYD S</b>	
STREET ADDRESS	<b>4824 MARLA AVE.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>COFFELT, RICHARD A JR</b>	
STREET ADDRESS	<b>10833 WOODBROOK C.R.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809-1170</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARLOWT, PIERCE B</b>	
STREET ADDRESS	<b>8911 CARROLWOOD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 32809-0064</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARHAM, MONTE L.</b>	
STREET ADDRESS	<b>3130 VALLEY HIGH DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>WORTHFUL MASTER D</b>
1.2 NAME	<b>Monte Leigh Barham</b>
1.3 STREET ADDRESS	<b>3130 Valley High Dr.</b>
1.4 CITY-ST-ZIP	<b>Lakeland FL 33813-4162</b>
2.1 TITLE	<b>SENIOR WARDEN D</b>
2.2 NAME	<b>Lloyd Scott Barham</b>
2.3 STREET ADDRESS	<b>4824 Marla Ave.</b>
2.4 CITY-ST-ZIP	<b>Lakeland FL 33813</b>
3.1 TITLE	<b>JUNIOR WARDEN D</b>
3.2 NAME	<b>Richard Frederick Parker</b>
3.3 STREET ADDRESS	<b>P O Box 2693 N/A</b>
3.4 CITY-ST-ZIP	<b>Lakeland FL 33806</b>
4.1 TITLE	<b>TREASURER D</b>
4.2 NAME	<b>Arnold Rudolph Kramer</b>
4.3 STREET ADDRESS	<b>163 Bonnie Dr</b>
4.4 CITY-ST-ZIP	<b>Auburndale FL 33823-2720</b>
5.1 TITLE	<b>SECRETARY D</b>
5.2 NAME	<b>Pierce Bert Barlow</b>
5.3 STREET ADDRESS	<b>8911 Carrolwood</b>
5.4 CITY-ST-ZIP	<b>Lakeland FL 33810</b>
6.1 TITLE	<b>600002142576</b>
6.2 NAME	<b>-04/14/97--01040--029</b>
6.3 STREET ADDRESS	<b>***2633.75</b>
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6004235

CR2E037 (9/96)

**4-15**

**904-**

**354-2339**

**3-4-97**