


FILE NOW: FILING FEE IS \$61.25

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1998 MAR 25 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7526511

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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)

100002469597--8

83

03/26/98 01084-001

*****5083.75 *****61.25**

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 of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

13. **WORSHIPFUL MASTER (D)**

IS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	BARHAM, MONTE LEIGH	
STREET ADDRESS	3130 VALLEY HIGH DR	
CITY-ST-ZIP	LAKELAND FL 33813-4162	

1.1 TIT **Lloyd Scott Barham**
1.2 NAI **4824 Marla Ave.**
1.3 STF **Lakeland FL 33813**

☒ Change ☐ Addition

TITLE	SWD	<input type="checkbox"/> DELETE
NAME	BARHAM, LLOYD SCOTT	
STREET ADDRESS	4824 MARLA AVE	
CITY-ST-ZIP	LAKELAND FL 33813	

2.1 TIT **SECRETARY (D)**
2.2 NAI **Pierce Bert Barlow**
2.3 STF **8911 Carrollwood**
2.4 CIT **Lakeland FL 33810**

☒ Change ☐ Addition

TITLE	JWD	<input type="checkbox"/> DELETE
NAME	PARKER, RICHARD F	
STREET ADDRESS	P O BOX 2693 N/A	
CITY-ST-ZIP	LAKELAND FL 33806	

3.1 TIT **SENIOR WARDEN (D)**
3.2 NAI **Richard Frederick Parker**
3.3 STF **P O Box 2693 N/A**
3.4 CIT **Lakeland FL 33806**

☒ Change ☐ Addition

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRAMER, ARNOLD R	
STREET ADDRESS	163 BONNIE DR	
CITY-ST-ZIP	AUBURNDALE FL 33823-2720	

4.1 TIT **JUNIOR WARDEN (D)**
4.2 NAI **Eddie Lanier Merritt**
4.3 STF **P O Box 639 N/A**
4.4 CIT **Highland City FL 33846**

☒ Change ☐ Addition

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARLOW, PIERCE BERT	
STREET ADDRESS	8911 CARROLWOOD	
CITY-ST-ZIP	LAKELAND FL 33810	

5.1 TIT **TREASURER (D)**
5.2 NAI **Arnold Rudolph Kramer**
5.3 STF **163 Bonnie Dr**
5.4 CIT **Auburndale FL 33547**

☒ Change ☐ Addition

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TIT
6.2 NAI
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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] **(SICRETAH)**

2-24-98

904-354-2339

CR2E037 (10/97)