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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90111 001 *5,390.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # C10279					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/30/1992 4. FEI Number 23-7526511 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>N/A</i>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE WMD <input checked="" type="checkbox"/> DELETE NAME BARHAM, LLOYD S STREET ADDRESS 4824 MARLA AVE CITY-ST-ZIP LAKELAND FL 33813			1.1 TITLE WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Richard Frederick Parker 1.3 STREET ADDRESS P O Box 2693 N/A 1.4 CITY-ST-ZIP Lakeland FL 33806		
TITLE SD <input type="checkbox"/> DELETE NAME <input checked="" type="checkbox"/> BARLOW, PIERCE B STREET ADDRESS 8911 CARROLWOOD CITY-ST-ZIP LAKELAND FL 33810			2.1 TITLE SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Eddie Lanier Merritt 2.3 STREET ADDRESS P O Box 639 N/A 2.4 CITY-ST-ZIP HIGHLAND CITY FL 33846		
TITLE SWD <input checked="" type="checkbox"/> DELETE NAME PARKER, RICHARD F STREET ADDRESS P.O. BOX 2693 N/A CITY-ST-ZIP LAKELAND FL 33806			3.1 TITLE JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Russell Philip Whelpley 3.3 STREET ADDRESS 161 BONNIE DR 3.4 CITY-ST-ZIP AUBURNDAL FL 33823		
TITLE JWD <input checked="" type="checkbox"/> DELETE NAME MERRITT, EDDIE L STREET ADDRESS P.O. BOX 639 CITY-ST-ZIP HIGHLAND CITY FL 33846			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> DELETE NAME <input checked="" type="checkbox"/> KRAMER, ARNOLD R STREET ADDRESS 163 BONNIE DR CITY-ST-ZIP AUBURNDAL FL 33547			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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, with all other like empowered.

SIGNATURE: *X* **PIERCE BARLOW** **3-10-99** **941-858-1201**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)