

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 # **C10283** (5)

1. Corporation Name

**SUNSHINE LODGE NO. 288 FREE AND ACCEPTED MASONS
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
03/22/1995

4. FEI Number

59-0755251

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**WMD
LOWE, THOMAS W
1746 63RD TERR. SOUTH
SAINT PETERSBURG FL 33712-5945**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SWD
RONEY, DONALD G
1708 55TH STREET S.
GULFPORT FL 33707-4248**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**JWD
MARCH, PAUL S
629 2ND AVE. NORTH
ST PETERSBURG FL 33710**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD
DICKERHOFF, WILFORD L
6565 5TH AVE. SUITE 111
SAINT PETERSBURG FL 33710**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD
SMITH, ROBERT L
4321 FIRST AVE. N
SAINT PETERSBURG FL 33713-8205**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D)

CHARLES JOHN GUENTHNER

1111 EGRET CT S

SAINT PETERSBURG FL 33707-2931

SENIOR WARDEN (D)

PAUL STEPHEN MARCH

6209 2ND AVE. N

ST. PETERSBURG FL 33710

JUNIOR WARDEN (D)

DORAN REX FROST

2346 40TH AVE. N

ST. PETERSBURG FL 33714

TREASURER (D)

WILFORD LLOYD DICKERHOOF

6565 5TH AVE S #111

SAINT PETERSBURG FL 33707-2252

SECRETARY (D)

DONALD GEORGE RONEY

1708 55TH STREET S.

GULFPORT FL 33707-4248

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: *Charles J. Guenther*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 813-821-1940
Date Daytime Phone #

CR2E037 (12/95)