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Mar 11 1997 8:00am
Secretary of State• NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
USROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US3. Date Incorporated or Qualified
06/30/19923a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0755251

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	LOWE, THOMAS W	
STREET ADDRESS	1746 63RD TERR. SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712-5945	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	RONEY, DONALD G	
STREET ADDRESS	1708 55TH STREET S.	
CITY-ST-ZIP	GULFPORT FL 33707-4248	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	MARCH, PAUL S	
STREET ADDRESS	629 2ND AVE. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DICKERHOFF, WILFORD L	
STREET ADDRESS	6565 5TH AVE. SUITE 111	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, ROBERT L	
STREET ADDRESS	4321 FIRST AVE. N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713-8205	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RONEY, DONALD GEORGE	
STREET ADDRESS	1708 55TH STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL	

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	Paul Stephen March
1.3 STREET ADDRESS	6200 2nd Ave N
1.4 CITY-ST-ZIP	St Petersburg Fl 33710
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Doran Rex Frost
2.3 STREET ADDRESS	2346 40th Ave. N
2.4 CITY-ST-ZIP	St. Petersburg Fl 33714
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	John Albert Hardman Jr
3.3 STREET ADDRESS	8630 52nd Ln
3.4 CITY-ST-ZIP	Pinellas Park FL 33482
4.1 TITLE	TREASURER D
4.2 NAME	Wilford Lloyd Dickerhoof
4.3 STREET ADDRESS	6565 5th Ave S #111
4.4 CITY-ST-ZIP	Saint Petersburg Fl 33707-2252
5.1 TITLE	SECRETARY D
5.2 NAME	Donald George Roney
5.3 STREET ADDRESS	1708 55th Street S.
5.4 CITY-ST-ZIP	Gulfport Fl 33707-4248
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 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:

DONALD G. RONEY, SR. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-97

Date

(113)321-1940

Daytime Phone 0004064

CH2E037 (9/96)