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 # C10290 (0)

1. Corporation Name

SUGARLAND LODGE NO. 281 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN AVE. JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN AVE. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business
21 Roy Connor Sheppard
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 Roy Connor Sheppard
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

4. FEI Number: 23-7526507 ☐ 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

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
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: Roy Connor Sheppard 2/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD	☐ DELETE	
NAME	MICKEY, GLENN R III		
STREET ADDRESS	716 BOWDEN RD.		
CITY-ST-ZIP	CLEWISTON FL 33440-5019		
TITLE	SWD	☐ DELETE	
NAME	AKRIDGE, ALVIN		
STREET ADDRESS	612 SABAL AVE.		
CITY-ST-ZIP	CLEWISTON FL 33440-5007		
TITLE	JWD	☐ DELETE	
NAME	MOORE, KEVIN M		
STREET ADDRESS	P.O. BOX 664 N/A		
CITY-ST-ZIP	CLEWISTON FL 33440-0664		
TITLE	TD	☐ DELETE	
NAME	VEALE, DAVID J		
STREET ADDRESS	P.O. BOX 861 N/A		
CITY-ST-ZIP	CLEWISTON FL 33440-0861		
TITLE	SD	☐ DELETE	
NAME	WYNN, THADEUS W		
STREET ADDRESS	505 E TRINIDAD AVE.		
CITY-ST-ZIP	CLEWISTON FL 33440-3920		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13.
1.1 TITLE: WORSHIPFUL MASTER (D)
1.2 NAME: ALVIN AKRIDGE
1.3 STREET ADDRESS: 612 SABAL AVE
1.4 CITY-ST-ZIP: CLEWISTON FL 33440-5007

2.1 TITLE: SENIOR WARDEN (D)
2.2 NAME: KEVIN MICHAEL MOORE
2.3 STREET ADDRESS: P O BOX 664 N/A
2.4 CITY-ST-ZIP: CLEWISTON FL 33440-0664

3.1 TITLE: JUNIOR WARDEN (D)
3.2 NAME: RONALD JOSEPH EVANS JR
3.3 STREET ADDRESS: 611 E. CONCORDIA
3.4 CITY-ST-ZIP: CLEWISTON FL 33440

4.1 TITLE: TREASURER (D)
4.2 NAME: DAVID JACKSON VEALE
4.3 STREET ADDRESS: PO BOX 861 N/A
4.4 CITY-ST-ZIP: CLEWISTON FL 33440-0861

5.1 TITLE: SECRETARY (D)
5.2 NAME: THADIS WINDLE WYNN
5.3 STREET ADDRESS: 505 E TRINIDAD AVE
5.4 CITY-ST-ZIP: CLEWISTON FL 33440-3920

6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

CR2E037 (12/95)

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: X Alvin Akridge — Alvin Akridge 3-1-96 941-983-8066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alvin Akridge