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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10290

1. Corporation Name

SUGARLAND LODGE NO. 281 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE,FL 32202	ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/10/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 220 OCEAN STREET	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROY CONNOR SHEPPARD
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)
900002200139
83 -06/03/97--01091--001
***1225.00
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 R Connor Sheppard 3/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME			1.2 NAME	Kevin Michael Moore
STREET ADDRESS			1.3 STREET ADDRESS	P O Box 664 N/A
CITY-ST-ZIP			1.4 CITY-ST-ZIP	Clewiston Fl 33440-0664
TITLE		☐ DELETE	2.1 TITLE	SENIOR WARDEN D
NAME			2.2 NAME	Ronald Joseph Evans Jr
STREET ADDRESS			2.3 STREET ADDRESS	611 E. Concordia
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Clewiston Fl 33440
TITLE		☐ DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME			3.2 NAME	Wayne Lenoel Wilkins
STREET ADDRESS			3.3 STREET ADDRESS	Po Box 751 N/A
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Clewiston Fl 33440-0751
TITLE		☐ DELETE	4.1 TITLE	TREASURER D
NAME			4.2 NAME	David Jackson Veale
STREET ADDRESS			4.3 STREET ADDRESS	Po Box 861 N/A
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Clewiston Fl 33440-0861
TITLE		☐ DELETE	5.1 TITLE	SECRETARY D
NAME			5.2 NAME	Thadis Windle Wynn
STREET ADDRESS			5.3 STREET ADDRESS	505 E Trinidad Ave
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Clewiston Fl 33440-3920
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: X T.W. WYNN 3-30-97 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T. W. Wynn