

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/30/1992	03/10/1996
22 220 OCEAN STREET	27 City & State	4. FEI Number	Applied For
23 City & State	28 City & State	23-7526507	Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country	30 Country	☐	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	☐
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

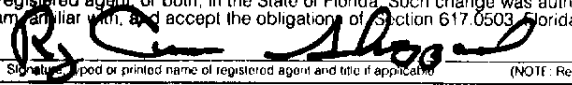
9. Name and Address of Current Registered Agent

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

10. Name and Address of New Registered Agent

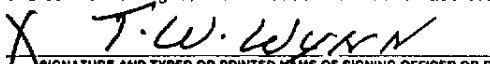
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	900002200139
83	-06/03/97--01091--001
84 City	***1225.00
85 Zip Code	FL

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE 3/13/97
(NOTE: Registered Agent signature required when reinstating)

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	Thadix 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	

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-30-97 Daytime Phone # 904-354-2339

CR2E037 (9/96)