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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
ROY CONNOR SHEPPARD 220 OCEAN ~~AVE.~~ St. JACKSONVILLE FL 32202 US	ROY CONNOR SHEPPARD 220 OCEAN ~~AVE.~~ St. JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 06/30/1992

4. FEI Number: 23-7526507 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 220 Ocean St.
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 220 Ocean St
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 S00002486115
-04713/98--01018--026
***5083.75

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] 2/13/98
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. OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	☐ DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
NAME	MOORE, KEVIN M		1.2 NAME	Ronald Joseph Evans Jr
STREET ADDRESS	P O BOX 864 N/A		1.3 STREET	611 E. Concordia
CITY-ST-ZIP	CLEWISTON FL 33440-0864		1.4 CITY	Clewiston Fl 33440
TITLE	SWD	☐ DELETE	2.1 TITLE	SECRETARY (D) ☒ Change ☐ Addition
NAME	EVANS, RONALD J JR		2.2 NAME	Thadis Windle Wynn
STREET ADDRESS	611 E. CONCORDIA		2.3 STREET	PO Box 72 N/A
CITY-ST-ZIP	CLEWISTON FL 33440		2.4 CITY	Clewiston Fl 33440
TITLE	JWD	☐ DELETE	3.1 TITLE	SENIOR WARDEN (D) ☒ Change ☐ Addition
NAME	WILKINS, WAYNE L		3.2 NAME	Wayne Lenoel Wilkins
STREET ADDRESS	PO BOX 751 N/A		3.3 STREET	Po Box 751 N/A
CITY-ST-ZIP	CLEWISTON FL 33440-0751		3.4 CITY	Clewiston Fl 33440-0751
TITLE	TD	☐ DELETE	4.1 TITLE	JUNIOR WARDEN (D) ☒ Change ☐ Addition
NAME	VEALE, DAVID J		4.2 NAME	Glenn Randolph Mickey
STREET ADDRESS	PO BOX 861 N/A		4.3 STREET	716 Bowden Rd
CITY-ST-ZIP	CLEWISTON FL 33440-0861		4.4 CITY	Clewiston Fl 33440-5019
TITLE	SD	☐ DELETE	5.1 TITLE	TREASURER (D) ☒ Change ☐ Addition
NAME	WYNN, THADIS W		5.2 NAME	David Jackson Veale
STREET ADDRESS	505 E TRINIDAD AVE		5.3 STREET	Po Box 861 N/A
CITY-ST-ZIP	CLEWISTON FL 33440-3920		5.4 CITY	Clewiston Fl 33440-0861
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I 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] Thadis W. Wynn 904-354-2339