

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
90001419949
-03/02/95--01109--001
DO NOT WRITE IN THIS SPACE \$130.00

DOCUMENT # C10292 (6)
1. Corporation Name
IMPERIAL POLK LODGE NO. 345 FREE AND ACCEPTED MA
SONS OF FLORIDA

Principal Place of Business Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified 06/30/1992
3a. Date of Last Report 04/29/1994
4. FEI Number 23-7526559
Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
WOLF, WILLIAM G.
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 provisions of, Section 607.005, Florida Statutes.

SIGNATURE *[Signature]* DATE 2/6/95
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	WM
NAME	MCAHON, JACK L
STREET ADDRESS	4444 US HIGHWAY 98 N #310
CITY-ST-ZIP	LAKELAND FL
TITLE	S
NAME	MASTERS, JAMES R
STREET ADDRESS	3901 GARNET CT
CITY-ST-ZIP	MULBERRY FL
TITLE	SW
NAME	RICE, DONALD R
STREET ADDRESS	1720 E MAIN ST
CITY-ST-ZIP	LAKELAND FL
TITLE	JW
NAME	PERONTO, JOHN N
STREET ADDRESS	5112 LAKE MIRIAM CIRCLE
CITY-ST-ZIP	LAKELAND FL
TITLE	T
NAME	MCCONNELL, ROBERT R
STREET ADDRESS	5107 BLACK BIRCH TRAIL
CITY-ST-ZIP	MULBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER/D
1.2 NAME	DONALD RAY RICE
1.3 STREET ADDRESS	1720 E MAIN ST
1.4 CITY-ST-ZIP	LAKELAND FL 33801-2370
2.1 TITLE	SECRETARY/D
2.2 NAME	JAMES REYNOLDS MASTERS
2.3 STREET ADDRESS	3901 GARNET CT.
2.4 CITY-ST-ZIP	MULBERRY FL 33860
3.1 TITLE	SENIOR WARDEN/D
3.2 NAME	JOHN NELSON PERONTO
3.3 STREET ADDRESS	5112 LAKE MIRIAM CIRCLE
3.4 CITY-ST-ZIP	LAKELAND FL 33813-2648
4.1 TITLE	JUNIOR WARDEN/D
4.2 NAME	DENNIS LEE LEGG
4.3 STREET ADDRESS	3103 MEADOW LANE
4.4 CITY-ST-ZIP	DARTOW FL 33830-9428
5.1 TITLE	TREASURER/D
5.2 NAME	ROBERT RADCLIFF MCCONNELL
5.3 STREET ADDRESS	5107 BLACK BIRCH TRAIL
5.4 CITY-ST-ZIP	MULBERRY FL 33860-8602
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 R. Rice* Feb 10, 95 (813) 422-5994
SIGNATURE ANY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR