

**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 # 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

C/O WILLIAM G. WOLF  
220 OCEAN ST  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
06/30/1992

3a. Date of Last Report  
03/02/1995

21. Principal Place of Business  
Roy Connor Sheppard

2a. Mailing Address  
Roy Connor Sheppard

4. FEI Number  
23-7526559

Applied For  
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. City & State

28. City & State

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

24. Zip 25. Country

29. Zip 30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	RICE, DONALD R	
STREET ADDRESS	1720 E MAIN ST.	
CITY-ST-ZIP	LAKELAND FL 33801-2370	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASTERS, JAMES R	
STREET ADDRESS	3901 GARNET CT	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	PERONTO, JOHN N	
STREET ADDRESS	5112 LAKE MIRIAM CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813-2648	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	LEGG, DENNIS L	
STREET ADDRESS	3103 MEADOW LANE	
CITY-ST-ZIP	BARTOW FL 33830-9428	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCONNELL, ROBERT R	
STREET ADDRESS	5107 BLACK BIRCH TRAIL	
CITY-ST-ZIP	MULBERRY FL 33860-8602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	WORSHIPFUL MASTER (D)
1.2 NAME	JOHN NELSON PERONTO
1.3 STREET ADDRESS	5112 LAKE MIRIAM CIRCLE
1.4 CITY-ST-ZIP	LAKELAND FL 33813-2648
2.1 TITLE	SENIOR WARDEN (D)
2.2 NAME	DENNIS LEE LEGG
2.3 STREET ADDRESS	3103 MEADOW LANE
2.4 CITY-ST-ZIP	BARTOW FL 33830-9428
3.1 TITLE	JUNIOR WARDEN (D)
3.2 NAME	JOHN CHARLES BECKER
3.3 STREET ADDRESS	P. O. BOX 1056 N/A
3.4 CITY-ST-ZIP	MULBERRY FL 33860-1056
4.1 TITLE	TREASURER (D)
4.2 NAME	ROBERT RADCLIFF MCCONNELL
4.3 STREET ADDRESS	1711 BELMONT WOODS DRIVE
4.4 CITY-ST-ZIP	MULBERRY FL 33860
5.1 TITLE	SECRETARY (D)
5.2 NAME	JAMES REYNOLDS MASTERS
5.3 STREET ADDRESS	3901 GARNET CT.
5.4 CITY-ST-ZIP	MULBERRY FL 33860
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 provided in Section 617.0503, 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: *John N. Peronto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John N. Peronto

March 5, 1996 (941) 646-3488  
Date Daytime Phone #

CR2E037 (12/95)