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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10292

MULBERRY FL

CITY - ST - ZIP

(6)

IMPERIAL POLK LODGE NO. 345 FREE AND ACCEPTED MA SONS OF FLORIDA

Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 20 OCEAN ST 220 OCEAN ST ACKSONVILLE FL 32202 JACKSONVILLE FL 32202-3218 Date incorporated or Qualified 06/30/1992 US US 03/22/1996 4. FEI Number Principal Place of Business Mailing Address Applied For 23-7526559 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Country ZiD Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHEPPARD, ROY CONNOR 82 Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET 83 JACKSONVILLE FL 32202 84 City Zip Code 85 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 (gain, 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 fair liar with, and accept the objection 617.0503, Florida Statutes. ped or printed name of registered agent and the i (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE WORSHIPFUL MASTER TITLE WMD 1.1 TITLE Dennis Lee Legg RICE, DONALD R NAME 1.2 NAME 3103 Meadow Lane 1720 E MAIN ST. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33801-2370 Bartow F1 33830-7428 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE SENIOR WARDEN 2.1 TITLE MASTERS, JAMES R John Charles Becker NAME 2.2 NAME 3901 GARNET CT 5916 Spring Lake Dr STREET ADDRESS 2.3 STREET ADDRESS **MULBERRY FL 33860** Lakeland Fl 33811 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ JUNIOR WARDEN TITLE SWD 3.1 TITLE PERONTO, JOHN N Gary Raymond Powell NAME 3.2 NAME **5112 LAKE MIRIAM CIRCLE** 1108 E. Devonshire Lane STREET ADORESS 3.3 STREET ADDRESS LAKELAND FL 33813-2648 CITY-ST-ZIP 3.4 City-St-ZiP Lakeland FL 33813 ☐ DELETE TITLE **JWD** 4.1 TITLE TREASURER Đ LEGG, DENNIS L NAME 4.2 NAME John Melson Peronto 3103 MEADOW LANE STREET ADDRESS 4.3 STREET ADDRESS 5112 Lake Miriam Circle BARTOW FL 33830-9428 CITY-ST-ZIP 4.4 CITY-ST-ZIP Lakeland F1 33813-2648 DELETE 5.1 TITLE THILE TD SECRETARY MCCONNELL, ROBERT R NAME 5.2 NAME James Reynolds Masters 5107 BLACK BIRCH TRAIL STREET ADDRESS **5.3 STREET ADDRESS** 3901 Garnet Ct. MULBERRY FL 33860-8602 5.4 CITY-ST-ZIP CITY-ST-7/P Mulberry F1 33860 TITLE DELETE 6.1 TITLE NAME MASTERS, JAMES REYNOLDS 6.2 NAME **3901 GARNET COURT** STREET ADDRESS 6.3 STREET ADDRESS

FILED Mar 11 1997 8:00am Secretary of State



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.

6.4 CITY-ST-ZIP

JHZEU3/ 19/96