

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US  
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3. Date Incorporated or Qualified 06/30/1992  
4. FEI Number 23-7526559 Applied For Not Applicable  
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

2. Principal Place of Business 2a. 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  
SHEPPARD, ROY CONNOR  
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) 300002486083  
83 -04/13/98--01018--026  
84 City \*\*\*5083.75 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, 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]* DATE 2/13/98

12. OFFICERS AND DIRECTORS

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	SD	<input type="checkbox"/> DELETE
NAME	MASTERS, JAMES REYNOLDS	
STREET ADDRESS	3901 GARNET COURT	
CITY-ST-ZIP	MULBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) X	Change <input type="checkbox"/> Addition
1.2 NAME	John Charles Becker	
1.3 STREET ADDRESS	5916 Spring Lake Dr	
1.4 CITY-ST-ZIP	Lakeland FL 33811	
2.1 TITLE	SECRETARY (D) X	Change <input type="checkbox"/> Addition
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) X	Change <input type="checkbox"/> Addition
3.2 NAME	Gary Raymond Powell	
3.3 STREET ADDRESS	1108 E. Devonshire Lane	
3.4 CITY-ST-ZIP	Lakeland FL 33813	
4.1 TITLE	JUNIOR WARDEN (D) X	Change <input type="checkbox"/> Addition
4.2 NAME	Donald Ray Rice	
4.3 STREET ADDRESS	1720 E Main St	
4.4 CITY-ST-ZIP	Lakeland FL 33801	
5.1 TITLE	TREASURER (D) X	Change <input type="checkbox"/> Addition
5.2 NAME	John Nelson Peronto	
5.3 STREET ADDRESS	5112 Lake Miriam Circle	
5.4 CITY-ST-ZIP	Lakeland FL 33813	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

JE 4.10

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]* James Masters (911) 425-5984

CR2E037 (10/97)