FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name C10292

(6)

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

F	Principal Place of Business	Mailing Address		A reases the tieft date many think tieft aid.		
2	ROY CONNOR SHEPPARD 120 Ocean St IACKSONVILLE FL 32202	ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202		3. Date Incorporated or Qualified 06/30/1992		
	JS	US		4. FEI Number	Applied Fo	
. L				23-7526559	Not Applie	
21	. Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Addition Fee Required	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		City & State	11	7. Is this nonprofit corporation a homeowners association?		
24	Zip Country	Zip 29 3	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No	
	A Name and Address	of Current Registered Agent		10 Name and Address of New Register	ed Agent	

FILED Apr 10 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional

office or registored agent. I am familiar with, and also pit plants of Fights Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. I am familiar with, and also pit the obligators of, Socion 617.0503, Florida Statutes. SIGNATURE Signature product game of registered agent and illicit application. INOTE. Registered Agent Separative required when removaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE WMD DIEETE 1.1 THE WCR SHIPFUL MASTER (D) Range Accept the appointment as register address of the product required when removaling) 12. OFFICERS AND DIRECTORS IN 12. INTE WMD DIEETE 1.1 THE WCR SHIPFUL MASTER (D) Range Accept the appointment as register address to office or required when removaling) 12. OFFICERS AND DIRECTORS IN 12. INTE WMD DIEETE 1.1 THE WCR SHIPFUL MASTER (D) Range Accept the appointment as register address to office or required when removaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INTE WMD DIEETE 1.1 THE WCR SHIPFUL MASTER (D) Range Accept Ac	24	25	29 30]		Personal Property Tax due June 30. Yes No			
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 84 City 85 City 86 City 87 City 87 City 88 City 89		9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
JACKSONVILLE FL 32202 83		•				et Address (P.O. Box Number is Not Acceptable)			
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 registed agent. I am family with, and above the obligations of Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registed agent. I am family with, and above the obligations of Section 617.0503, Florida Statutes. 12.									
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 register agent. I am terminal win. And abopt the obligate of Section 617,0503, Florida Statutes. SIGNATURE Signature Facility Provided high and provided agent and first applicable. SIGNATURE Signature Facility Provided high and provided agent and first applicable. MITTLE MIND RICE, DONALD R 12. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES 10 OFFICERS AND DIFFECTORS IN 12 NAME RICE, DONALD R 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. SIRRELADDRESS 172.0 E MAIN ST. 13. SIRRELADDRESS 172.0 E MAIN ST. 14. GITY-ST-2P 14. GITY-ST-2P 14. GITY-ST-2P 15. LAKE LAND FL 33801-2370 14. GITY-ST-2P 14. GITY-ST-2P 15. LAKE LAND FL 33860 16. DELETE 17. ST-2P MULBERRY FL 33860 17. ST-2P 17.	JACKSC	INVILLE FL 32202		63					
11. Pursuant to the provisions of Socions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its register office or registered agent. I am family with, and abopt the obligations of S. Socion 617,0503, Florida Statutes. SIGNATURE				84	City	ISS 7 7in Cride			
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Signature Food of princer aprecia and stack Signature Sign	 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. The State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familia with, and about the obligations of Section 617.0503, Florida Statutes. 								
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITHE WMD RICE, DONALD R 1720 E MAIN ST. LAKELAND FL 33801-2370 ITHE SD DELETE MAME MASTERS, JAMES R 3901 GARNET CT STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33860 PERONTO, JOHN N STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813-2648 THLE JWD DELETE MASTERS AND DIRECTORS IN 12 LAKELAND FL 33813-2648 THLE JWD DELETE MASTERS AND DIRECTORS IN 12 LAKELAND FL 33830-9428 MUSH AND CIRCLE LAKELAND FL 33830-9428 BARTOW FL 33830-9428 MAME MAME MCCONNELL, ROBERT R STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33830-9428 MCCONNELL, ROBERT R STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33860-8602 DELETE MAME MCCONNELL, ROBERT R STREET ADDRESS MCCONNELL, ROBERT R STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33860-8602 DELETE THE MCCONNELL, ROBERT R STREET ADDRESS STR	SIGNATURE	Signature is and it printed nature of registered agent	and tilla y applicable JNOTE Ro	and henotrin	nt elonati	uso required when reinstation)			
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1720 E MAIN ST.	NAME	· · · · · ·	_	1.2 NAME					
CITY-SI-7IP LAKELAND FL 33801-2370 TITLE SD DELETE 2:1 TITLE NAME MASTERS, JAMES R SIREET ADDRESS 3901 GARNET CT TITLE SWD DELETE 3:1 TITLE MULBERRY FL 33860 TO DELETE 3:1 TITLE SWD DELETE 3:1 TITLE MULBERRY FL 33813-2648 STREET ADDRESS 5112 LAKE MIRIAM CIRCLE 3:1 TITLE SWD DELETE 3:1 TITLE MULBERRY FL 33813-2648 TITLE JWD DELETE 3:1 TITLE DELETE 1:1 TO DELETE 1:1 TO DELETE 1:1 TO DELETE 5:1 TITLE 1:2 DOTI		•			ADDRES	s con courses becker			
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NAME LEGG, DENNIS L 3103 MEADOW LANE 43 STREET ADDRESS JUNIOR WARDEN (D) X		JWD	DELETE						
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TD	STREET ADDRESS	3103 MEADOW LANE		4.3 STREET	ADDRESS	; JUNIOR WARDEN (D) $ imes$			
TD	CITY-ST-ZIP	BARTOW FL 33830-9428		4.4 CITY-S	T-ZIP	Donald Ray Rice			
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CITY-ST-ZIP MULBERRY FL 33860-8602 54 CITY-ST-ZIP JOHN NEISON PENONTO Change Lad	NAME	MCCONNELL, ROBERT R		5.2 NAME		Lakeland FL 3380i			
CITY-ST-ZIP MULBERRY FL 33860-8602 54 CITY-ST-ZIP John Nelson Penonto	STREET ADDRESS	5107 BLACK BIRCH TRAIL		5.3 STREET	ADDRESS	TOTACIDED (D) X			
	CITY-ST-ZIP	MULBERRY FL 33860-8602		5.4 CITY-S	1 - ZIP	\$ C Charles a law was 1 comment.			
	TITLE	SD	DELETE	6.1 TITLE		5112 Lake Miriam Circle Change Addition			
	NAME	MASTERS, JAMES REYNOLDS		6.2 NAME					
STREET ADDRESS 3901 GARNET COURT 63 STREET ADDRESS LOKE 1 QTI d F1 33813	STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP MULDERNI FL [64GIY-ST-ZIP						<u>'4.10</u>			
14. Thereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am 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.									