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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90111 001 \*5,390.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10292**

1. Corporation Name  
**IMPERIAL POLK LODGE NO. 345 FREE AND ACCEPTED MA SONS OF FLORIDA**

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>06/30/1992</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>23-7526559</b> Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>-\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 N/A (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS

TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	RICE, DONALD RAY	
STREET ADDRESS	1720 E MAIN ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASTERS, JAMES REYNOLDS	
STREET ADDRESS	3901 GARNET CT	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PERONTO, JOHN NELSON	
STREET ADDRESS	5112 LAKE MIRIAM CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, JOHN CHARLES	
STREET ADDRESS	5916 SPRING LAKE DR	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, GARY RAYMOND	
STREET ADDRESS	1108 E. DEVONSHIRE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gary Raymond Powell
1.3 STREET ADDRESS	1108 E. Devonshire Lane
1.4 CITY-ST-ZIP	Lakeland FL 33813
2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edward Alan McCoy
2.3 STREET ADDRESS	2280 N PRAIRIE INDUSTRIAL
2.4 CITY-ST-ZIP	MULBERRY FL 33860
3.1 TITLE	
3.2 NAME	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	Dennis Lee Legg
3.4 CITY-ST-ZIP	3103 Meadow Lane
4.1 TITLE	Bartow FL 33830-9428 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3-18-99 DAYTIME PHONE #: (941) 425-5984

CR2E037 (11/98)